

Lissen/Orth Sports Med.

Certification of Medical Records

I hereby certify that these pages are true copies of the original medical

records for Ciro Charles Hicks kept in the regular course of
(Patient Name)
business at the office of Orth-Sports Medicine + Rehab.
(Facility Name)

Clyde Bailey Med Request Solutions Inc. Representative

(Print Name)

(Signature)

Date: 12/15/10

PLAINTIFF'S
EXHIBIT

Trial 16

LISA RENALDI
CCR

NO. R1220-2

MEDICAL HISTORY FORMName: Caleb C. Hicks Today's Date: 4-23-2009SS#: [REDACTED] Date of Birth: [REDACTED]

Chief Complaint

Why are you seeing the doctor? _____

Current Problem is the result of a(n): Check all that apply

☐ Car Accident ☐ Work Accident ☐ Accident ☐ Other _____DATE OF ACCIDENT: 4-21-09

Medication	Dose	Reason for Medication	Side Effects
ALLERGIES:			

Are all immunizations up to date: ☒ Yes ☐ No
If no, which immunizations are due? _____Are you Pregnant Yes ☐ No ☐
Are you Nursing Yes ☐ No ☐**Review of Systems**

Are you currently having or have you had problems with your:

Circle

Describe all YES responses

Eyes	<input checked="" type="radio"/> NO	YES	_____
Ears, Nose, Throat	<input checked="" type="radio"/> NO	YES	_____
Lungs, Breathing	<input checked="" type="radio"/> NO	YES	_____
Digestion	<input checked="" type="radio"/> NO	YES	_____
Bowel movement	<input checked="" type="radio"/> NO	YES	_____
Bladder problem	<input checked="" type="radio"/> NO	YES	_____
Diabetes	<input checked="" type="radio"/> NO	YES	_____
High blood pressure	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES	<u>new 10/12</u>
Bleeding problems	<input checked="" type="radio"/> NO	YES	_____
Balance problems	<input checked="" type="radio"/> NO	YES	_____
Numbness/tingling	<input checked="" type="radio"/> NO	YES	_____
Blackout/fainting	<input checked="" type="radio"/> NO	YES	_____
Heart Disease	<input checked="" type="radio"/> NO	YES	_____
Psychological problems	<input checked="" type="radio"/> NO	YES	_____
AIDS	<input checked="" type="radio"/> NO	YES	_____
Cancer	<input checked="" type="radio"/> NO	YES	_____
Arthritis	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES	_____
Polio	<input checked="" type="radio"/> NO	YES	_____
TB	<input checked="" type="radio"/> NO	YES	_____
Epilepsy	<input checked="" type="radio"/> NO	YES	_____

Patient Signature: [Signature] Date: 4-23-09

Reviewed By: _____ M. D. Date: _____

Name: _____ Date: _____

MEDICAL HISTORY FORM

Name: CIRO CHICKSSS#: [REDACTED]Date of Birth: [REDACTED]

Past Medical History

Surgeries/Hospitalizations	Year	Complications

Have you ever had general anesthesia?

No

☒ Yes

Have any problems with anesthesia?

No

Yes

Describe: _____

Family History

Member	Alive	Deceased	Age	Health Status or cause of death
Grandmother (mom's)	A	<input checked="" type="checkbox"/> D		
Grandfather (mom's)	A	<input checked="" type="checkbox"/> D		
Grandmother (dad's)	A	<input checked="" type="checkbox"/> D		
Grandfathers (dad's)	A	<input checked="" type="checkbox"/> D		
Father	A	<input checked="" type="checkbox"/> D		
Mother	A	<input checked="" type="checkbox"/> D		
Sister/Brother	<input checked="" type="checkbox"/> A	D		
Sister/Brother	<input checked="" type="checkbox"/> A	D	66	
Sister/Brother	A	D		
Sister/Brother	A	D		

Social History

☐ Work in the home ☒ Employed (occupation) ☐ Student ☐ Daycare ☐ Retired

☐ Single ☒ Married ☐ Divorced ☐ Separated ☐ Widowed
Children? ☐ No ☐ Yes # _____Do you live alone? ☐ No ☐ YesExercise? ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely ☐ Never

What type of exercise? _____

History of substance abuse? ☒ No ☐ Yes What? _____Smoke currently? ☐ No ☒ Yes Packs per day for 1 years.Quit Smoking? ☐ This year ☐ >1 year ☐ >5 years ☒ >10 years

Previously smoked _____ packs per day for _____ years

Drink alcohol ☐ daily ☐ 1-2x/week ☐ 1-2x/month ☐ 1-2x/year ☐ How Much _____Patient Signature: [Signature] Date: 4-23-2009

Reviewed By: _____ Date: _____

☐ 80 Oak Hill Road
Red Bank, NJ 07701

ORTHOPAEDIC, SPORTS MEDICINE
AND REHABILITATION CENTER, P.A.

☐ Kilmer Professional Park-Bldg. 3
25 Kilmer Drive-Suite 105
Morganville, NJ 07751

NAME Hicks, Ciro AGE _____ PHONE _____

ADDRESS _____ COMP _____

CITY, STATE _____ REFERRING DR. _____

MVA
COMP

DATE

4/23/09 INT EUI ~~DE~~ Shoulder NO XR

(R) shoulder 4/24/09

sk
R shoulder
2L

copy 5/11/2009
JUL 30 2009
[Signature]



ORTHOPAEDIC, SPORTS MEDICINE AND REHABILITATION CENTER, P.A.

Middletown Office
80 Oak Hill Road
Red Bank, New Jersey 07701
Phon 732-741-2313 / Fax 732-741-7154

Marlboro Office
Kilmer Professional Park - Building 3
25 Kilmer Drive - Suite 105
Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-5959

www.orthocenter.com

FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]
AGE: 57 years old
04/23/09

DATE OF SERVICE: 04/23/09
REFERRING PHYSICIAN: Not Referred By

HICKS, CIRO

The patient is a 57-year-old male who on 4/21/09, lifted something heavy at work and felt pain in the right shoulder. Since that time, he has been unable to abduct or externally or internally rotate his shoulder.

EXAMINATION: On examination, he is tender anteriorly. He has limited abduction and rotation.

X-RAYS: X-rays show mild decrease in the joint space of his right shoulder.

IMPRESSION: Rotator cuff sprain with some underlying osteoarthritis. I have injected the shoulder today.

RECOMMENDATIONS: He is going to be placed on exercises. We will see him back again if this does not work.

Bernard P. Murphy, M.D., F.A.C.S.
BPM/ILHS/ejn.XXW

cc: Comp Carrier

Fax Created - Dated May 8 2009 1:52PM



VANE LINE BUNKERING, INC.

MEDICAL TREATMENT RECORDName: CIRO CHARLES HICKS Social Security: [REDACTED]Company Vessel: TUG PATRIOTDate of Injury/Illness: 4-21-09

I hereby authorize Vane Line Bunkering, Inc. and/or Health Systems International, Inc. to obtain and review copies of all hospital, medical, and employment records and to discuss the obtained information regarding my recovery and/or for the purpose of my rehabilitation. I hereby give permission for Vane Line and/or Health Systems International to discuss the information received with any professional, other individual or facility that may be related to my rehabilitation program. I agree that a photocopy of this authorization be accepted. This release is good for one year from the date signed. This release can be rescinded by writing to Vane Line Bunkering, 2100 Frankfort Ave, Baltimore MD 21226

Employee Signature: [Signature] Date: 4-23-09**Please review the attached "Physical Standards" for the above referenced employee:**

Unfit for duty

Yes No

Fit for duty. (Can return to work without restrictions)

Yes ☒ NoFacility Name: Orthopaedic Sports Medicine + RehabAddress: 80 Dark Hill Rd. Red Bank NJ 07701Phone: 732 741 2313 Fax: 732 741 7154Name: [Signature] DOI: 4/21/09

Medical Treatment Record

1 of 2

mailed original to pt.

RECEIVED
5-4-2009

VANE LINE BUNKERING, INC.

MEDICAL TREATMENT RECORDName: CIRD CHARLES HICKS Social Security: [REDACTED]Company Vessel: TUG PATRICKDate of Injury/Illness: 4-21-09

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Medical Treatment Record

Note by ML: Dr Murphy 5/1/09

1 of 2

RECEIVED
5-4-2008

VANE LINE BUNKERING, INC.

MEDICAL TREATMENT RECORDName: CIRD CHARLES HICKS Social Security: [REDACTED]Company Vessel: TUG PATRIOTDate of Injury/Illness: 4-21-09

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No

Fit for duty. (Can return to work without restrictions)

Yes

No

Facility Name: Orthopaedic Sports Medicine + RehabAddress: 80 Duck Hill Rd. Red Bank NJ 07701Phone: 732 741 2313 Fax: 732 741 7154Name: [Signature] DOI: 4/21/09DR Murphy
4/1/09



ORTHOPAEDIC, SPORTS MEDICINE AND REHABILITATION CENTER, P.A.

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Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-5959

www.orthocenter.com

FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO

DATE OF BIRTH: [REDACTED]

AGE: 57 years old

04/23/09

DATE OF SERVICE: 04/23/09

REFERRING PHYSICIAN: Not Referred By

HICKS, CIRO

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Bernard P. Murphy, M.D., F.A.C.S.
BPM/ILHS/ejn.XXW

cc: Comp Carrier

Fax Created - Dated May 8 2009 1:52PM

DANMAR ASSOCIATE
 Disability Case Management ♦ Vocational Rehabilitation Services

Swedesford Corporate Center
 631-B Swedesford Road
 Frazer, PA 19355
 610-993-9941
 610-993-9902 fax

JOB ANALYSIS

Company: Vane Line Bunkering

Job Title: Captain/Mate

The following are based upon a 2 week on, 2 week off schedule, working 2 6-hour shifts over a 24-hour period i.e., 6 hours on, 6 hours off, 6 hours on, 6 hours off.

	Occasionally (Up to 33%)	Frequently (34% - 66%)	Continuously (67% - 100%)	Never
LIFT				
0-10 lbs.	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
11-20 lbs.	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
21-50 lbs.	<u> </u>	<u> </u>	<u> </u>	<u>X</u>
51-100 lbs.	<u> </u>	<u> </u>	<u> </u>	<u>X</u>
CARRY				
0-10 lbs.	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
11-20 lbs.	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
21-50 lbs.	<u> </u>	<u> </u>	<u> </u>	<u>X</u>
51-100 lbs.	<u> </u>	<u> </u>	<u> </u>	<u>X</u>
STAND	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
WALK	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
SIT	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
PUSH	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
PULL	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
CLIMB	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
BEND	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
KNEEL	<u> </u>	<u> </u>	<u> </u>	<u>X</u>
TWISTING	<u> </u>	<u> </u>	<u> </u>	<u>X</u>
CRAWL	<u> </u>	<u> </u>	<u> </u>	<u>X</u>
REACH	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
HANDLE	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
FINGER	<u> </u>	<u>X</u>	<u> </u>	<u> </u>

Environmental Conditions: Inside (80%) Outside (10%) Temp. Range varies w/weather conditions.

Fumes/Dust: Minimum () Moderate (X) Severe ()

Noise Level: Minimum () Moderate (X) Severe ()

Protective Clothing/Personal Devices: Safety shoes and hearing protection.

Job Analysis Completed By: Danmar Associates

Date: 11/7/05

Reviewed By: Vane Line Bunkering

Date: 11/8/05

APPROVED/Signature of Physician X

Date: 5/4/09

DISAPPROVED/Signature of Physician _____

Date: _____

05/17/2009 23:44 FAX

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2009-05-18 11:06

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P 4/11

DANMAR ASSOCIATES

Disability Case Management • Vocational Rehabilitation Services

Swedesford Corporate Center
631-B Swedesford Road
Pottsville, PA 19355
610-993-9941
610-993-9902 fax

JOB ANALYSIS

Company: Vane Line Bunkering

Job Title: Captain/Mate

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	Occasionally (Up to 33%)	Frequently (34% - 66%)	Continuously (67% - 100%)	Never
LIFT				
0-10 lbs.	X			
11-20 lbs.	X			
21-50 lbs.				X
51-100 lbs.				X
CARRY				
0-10 lbs.	X			
11-20 lbs.	X			
21-50 lbs.				X
51-100 lbs.				X
STAND		X		
WALK	X			
SIT	X			
PUSH	X			
PULL	X			
CLIMB	X			
BEND	X			
KNEEL				X
TWISTING				X
CRAWL				X
REACH		X		
HANDLE		X		
FINGER		X		

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Noise Level: Minimum () Moderate (X) Severe ()

Protective Clothing/Personal Devices: Safety shoes and hearing protection.

Job Analysis Completed By: Danmar Associates
Reviewed By: Vane Line Bunkering

Date: 11/7/05

Date: 11/8/05

APPROVED/Signature of Physician

Date: _____

DISAPPROVED/Signature of Physician

Date: 5/18/09

Job Analysis/Vane Line Bunkering/Captain/Mate



ORTHOPAEDIC, SPORTS MEDICINE AND REHABILITATION CENTER, P.A.

Middletown Office
80 Oak Hill Road
Red Bank, New Jersey 07701
Phone 732-741-2313 / Fax 732-741-7154

Marlboro Office
Kilmer Professional Park - Building 3
25 Kilmer Drive - Suite 105
Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-5959

www.orthocenter.com

INITIAL EXAMINATION (Worker's Comp)

PATIENT NAME: HICKS, CIRO

DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 05/18/09

REFERRING PHYSICIAN: MURPHY, MD, BERNARD,
P

AGE: 57 years old

Workers Comp #: 7045

Accident Date: 04/21/2009

CHIEF COMPLAINT: Saw Dr. Murphy, but was referred to you. Right shoulder. kc

HPI: Dominant right Shoulder; Hurt his arm at work pushing a large object

Onset of symptoms: 4/21/2009

Injury: As above

Recent change in symptoms: Not improving

Aggravating factors: Lifting overhead

Location of pain: Well localized right shoulder

Pain at rest: Mild

Pain with sports activities:

Pain with ADL: Mild to moderate

Pain at night: Mild to moderate

Pain with work activities: Moderate to severe

Neck pain: Denies

Radiation of pain: Denies

Numbness: Denies

Prior injury/surgery: None

Medications: Over-the-counter pain medications

Prior Treatments: Previously saw Dr. Murphy and was working on home exercises

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril

Allergies: No Known Drug Allergies

PAST HISTORY:

Illnesses: Heart Disease
Hyperlipidemia
Prostate Cancer: enlargement prostate

Operations: Appendectomy
Foot: broke left
knee replacement: right 2005?

Social History: Alcohol - Denies
Children

Report Date: December 15, 2010 Patient: Hicks, Ciro DOS: 05/18/09

Employment: Full Time
 Exercise - < 3 X per week
 Marital Status: Married
 Tobacco: Cigarettes <1 PPD

Family History: Diabetes

ROS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine are normal except for what is noted:
 No data for Review of Systems

VITAL SIGNS: No data for Vitals

EXAM:**Right Shoulder Examination:**

Appearance: Normal
 Deformity: None
 Skin: Normal
 Vascular: Pulses 2+ at radial, brachial, axillary, carotid arteries. Good capillary refill all digits.
 Lymphatics: No edema, no palpable nodes
 Palpable tenderness: Anterior tenderness right shoulder
 Cervical Motion: Normal
 Range of motion elbow, wrist, hand: Normal
 Distal Motor: Normal strength hand
 Distal Sensory: Normal sensation hand

Shoulder Range of Motion:	Active	Passive (equal to active except where noted)
Forward elevation	90	160
Abduction	90	160
External rotation at 0	30	
External rotation at 90		
Internal rotation	S1	S1

Left Shoulder Range of Motion: Forward flexion 180, Abduction 180, Internal rotation L1, External rotation at 0 45, External rotation at 90 90, Internal rotation L2

Right Shoulder Strength:

Supraspinatus: 4/5
 Infraspinatus: 4/5
 Subscapularis: Belly Press/Lift Off normal
 Biceps: 4/5
 Deltoid: Normal
 Trapezius: Normal
 Periscapular: (Rhomboid, Serratus) Normal

Tests:

Impingement Neer and Hawkins: 3+
 Whipple: 3+
 Apprehension/Relocation: Normal
 Stability: Load Shift 0-1+: Anterior, Posterior, Inferior
 Biceps Load: Yergason's/Speed's Positive
 O'Brien: Positive
 Cross Arm: Normal
 Thoracic Outlet: Roos/Adson's Negative

Report Date: December 15, 2010 **Patient:** Hlcks, Ciro **DOS:** 05/18/09

RADIOLOGY: Prior x-rays of the right shoulder showed no evidence of acute fracture dislocation, type II acromion.

PROCEDURES:

DIAGNOSIS: -Right shoulder strain
-Rotator cuff tear right shoulder
-Labral tear right shoulder

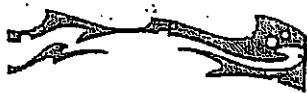
PRESCRIPTION: No data for Prescription

PLAN: MRI arthrogram ordered for additional evaluation patient should rest and shoulder for the present time. Reassessment after completion of the MRI scan.

WORK STATUS: Patient unfit to return to work at the present time.

MMI: Estimated at minimum of four weeks but will be reassessed following the MRI scan.

RESTRICTIONS: Unfit to return to work at present time.



Atlantic Diagnostics, LLC
Atlantic Open MRI, LLC

*High Field Open MRI • Thoroscopy • Ultrasound
• C-AF Scan*

May 21, 2009

Steven P. Lisser, M.D.
80 Oak Hill Rd.
Red Bank, NJ 07701

RE PATIENT: HICKS, CIRO
SSN: [REDACTED]
DOB: [REDACTED]
REPORT ID: 35019
DATE OF SERVICE: 05/20/09

Dear Dr. Lisser:

The following is a report on the above named patient who was examined on May 20, 2009.

ARTHIROGRAM OF THE RIGHT SHOULDER

HISTORY: Right shoulder pain.

TECHNIQUE: The procedures and its complications were explained to the patient. Verbal consent was obtained. The right shoulder was prepped and draped in sterile fashion using 1% Lidocaine as local anesthesia. Under fluoroscopic guidance, a 22-gauge spinal needle was placed into the glenohumeral joint. Approximately 4-cc's of iodinated contrast was followed by approximately 8-cc's of dilute gadolinium (1:300). The right shoulder was exercised.

FINDINGS: There is suspicion for a small amount of contrast extending to the rotator cuff into the subacromial bursa. This may better be assessed on the MRI. There are mild degenerative changes of the glenohumeral joint. No intra-articular bodies are identified. The alignment is anatomic. An MRI will follow.

IMPRESSION:

1. SUSPICION FOR A SMALL ROTATOR CUFF TEAR. AN MRI WILL FOLLOW.
2. MILD DEGENERATIVE CHANGES OF THE GLENOHUMERAL JOINT.

DICTATED BY: JOSEPH TRIOLO, M.D.
Date of dictation: 05/21/09

Thank you for the courtesy of this referral.
JL els

2009-06-10 07:48 HSI - TAS 7324778818 >>

P 5/7

ARTHROGRAM OF THE RIGHT SHOULDER

HISTORY: Right shoulder pain.

TECHNIQUE: The procedures and its complications were explained to the patient. Verbal consent was obtained. The right shoulder was prepped and draped in sterile fashion using 1% Lidocaine as local anesthesia. Under fluoroscopic guidance, a 22-gauge spinal needle was placed into the glenohumeral joint. Approximately 4-cc's of iodinated contrast was followed by approximately 8-cc's of dilute gadolinium (1:300). The right shoulder was exercised.

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2. MILD DEGENERATIVE CHANGES OF THE GLENOHUMERAL JOINT.

DICTATED BY: JOSEPH TRIOLO, M.D.

Date of dictation: 06/21/09

Thank you for the courtesy of this referral.

JT/clr

Douglas Gibbens, MD • Norman Schoenberg, MD • Joseph Triolo, MD • Cynthia Barone, DO
766 Shrewsbury Avenue, Tinton Falls, New Jersey 07794
Phone (732) 580-8989 • Fax (732) 580-8865

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UNIVERSITY OF ILLINOIS

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Atlantic Diagnostics, LLC

Atlantic Open MRI, LLC

High Field Open MRI • Fluoroscopy • Ultrasound
• CAT Scan

May 21, 2009

Steven P. Lissner, M.D.
80 Oak Hill Rd.
Red Bank, NJ 07701

RE PATIENT: HICKS, CIRO
SSN: [REDACTED]
DOB: [REDACTED]
REPORT ID: 35020
DATE OF SERVICE: 05/20/09

Dear Dr. Lissner:

The following is a report on the above named patient who was examined on May 20, 2009.

MR ARTHROGRAM OF THE RIGHT SHOULDER WITH CONTRAST

HISTORY: Right shoulder pain.

TECHNIQUE: Axial, sagittal oblique and coronal oblique images of the right shoulder were performed following an arthrogram using dilute gadolinium (1:300). This study was performed in the Siemens Espree 1.5 high field open MRI system.

FINDINGS: There is a full-thickness tear of the supraspinatus tendon with approximately 2.5 to 3.0-cm. of associated myotendinous retraction. The infraspinatus tendon demonstrates partial tearing, but no obvious full-thickness extension or retraction. There is no evidence for rotator cuff muscle belly atrophy.

The acromion is type I with spur formation anteriorly. There are degenerative changes of the AC joint with inferior spur formation. These changes do narrow the supraspinatus outlet.

There is suspicion for a subtle associated SLAP lesion. The glenohumeral ligaments appear intact.

The long head of the biceps tendon is subluxed medially and is probably torn as well. There also appears to be partial tearing of the subscapularis tendon. The surrounding soft tissues are unremarkable. There are mild degenerative changes of the glenohumeral joint.

IMPRESSION:

1. FULL-THICKNESS SUPRASPINATUS TENDON TEAR WITH APPROXIMATELY 2.5 TO 3.0-CM. OF ASSOCIATED MYOTENDINOUS RETRACTION.
2. PARTIAL TEARING OF THE INFRASPINATUS TENDON, BUT NO DEFINITE FULL-THICKNESS EXTENSION OR RETRACTION.
3. SECONDARY CHANGES OF THE ACROMION AND AC JOINT SUGGESTIVE OF IMPINGEMENT.
4. CONTRAST EXTENDS INTO THE SUPERIOR LABRUM FELT TO REPRESENT AN ASSOCIATED SLAP LESION.
5. MILD DEGENERATIVE CHANGES OF THE GLENOHUMERAL JOINT.

2009-06-10 07:50
E 8884

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UNSUBMITTIBLE

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12-11 CC-30-0000

Steven Lissner, M.D.

Hicks, Ohio
MR ARTHRO RT SHLDR W/CONT-- 05/20/09

6. THE LONG HEAD OF THE BICEPS TENDON IS SUBLOXED ANTERIORLY AND IS PROBABLY TORN AND PARTIALLY RETRACTED. THERE MAY BE SUBTLE PARTIAL TEARING OF THE SUBSCAPULARIS TENDON AS WELL. THE MR ARTHROGRAM OF THE RIGHT SHOULDER IS OTHERWISE UNREMARKABLE.

DICTATED BY: JOSEPH TRIOLO, M.D.

Date of dictation: 05/21/09

Thank you for the courtesy of this referral.

JT/ev



ORTHOPAEDIC, SPORTS MEDICINE AND REHABILITATION CENTER, P.A.

Middletown Office
80 Oak Hill Road
Red Bank, New Jersey 07701
Phon 732-741-2313 / Fax 732-741-7154

Marlboro Office
Kilmer Professional Park - Building 3
25 Kilmer Drive - Suite 105
Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-5959

www.orthocenter.com

FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 06/10/09
REFERRING PHYSICIAN: MURPHY, MD, BERNARD,
P

AGE: 57 years old

Workers Comp #: 7045
Accident Date: 04/21/2009

CHIEF COMPLAINT: Right shoulder is in pain, here to discuss MRI. kc

HPI: Reports persistent pain and weakness in the right shoulder

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril

Allergies: .No Known Drug Allergies

ROS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin
and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:

Active photo location right shoulder 90°, positive Impingement sign.

RADIOLOGY: MRI of the right shoulder significant for full thickness tear supraspinatus tendon, partial tear
subscapularis, partial tear proximal biceps

PROCEDURES:

DIAGNOSIS: -Proximal biceps tear right shoulder
-Subscapularis tear right shoulder
-Rotator cuff tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN: Indications for Surgery: Tears in supraspinatus tendon, subscapularis tendon, and biceps
tendon related to work injury

Precautions for Surgery: Risks and benefits of surgery were reviewed at length, including the expected

Report Date: December 15, 2010 **Patient:** Hicks, Ciro **DOS:** 06/10/09

post-operative course, expected outcomes, potential complications with surgery, and alternative treatment plans. It was discussed that potential complications such as infection, nerve damage, incomplete healing, problems with anesthesia, recurrent tearing and loss of motion, among other things, and the possible need for additional procedures to treat complications could affect the results of surgery. It was also reviewed with the patient that although surgery is expected to improve the condition, results of surgery can never be guaranteed. The patient's questions regarding the condition and surgery were answered.

Surgical Decision: Patient request to proceed with surgical plans and appropriate or authorization and scheduling will be requested.

WORK STATUS: Unable to return to work at present time, full duty status not expected until approximately 4 to five months following surgery or

MMI: At six months following surgery

RESTRICTIONS: Unable to return to work at present time



Steven P. Lisser, MD

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

2009-06-10 07:48

HSI - TAS

7324778818 >>

P 2/7



VANE LINE BUNKERING, INC.


Dear Doctor, Please initial the appropriate status, sign/print, date and return form. Thank you.

"Fit/Not Fit for Duty"

_____ (Physician initials) Mr. Ciro (Charlie) Hicks is "fit for duty" and can return to work without any restrictions on _____, as a Mate. I have reviewed the job description for a Mate. _____ (Physician initials).

_____ (Physician initials) Mr. Ciro (Charlie) Hicks does NOT require any medications that may influence safety, alertness or ability to perform all job tasks.

I have reviewed the portion of the United States Coast Guard NVIC that was provided on potentially disqualifying issues _____ (Physician Initials).

 (Physician initials) Mr. Ciro (Charlie) Hicks is "not fit for duty" and cannot return to work as a Mate at this time.

Dr. 
(Please Print Name)

Signature 

Date 

Please fax completed form to the attention of Ms. Marge Lukas 410-735-8271 and Ms. Teresa Smith 732-477-8818. Thank you.

A Century of Maritime Excellence

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3/17/2009 Update



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06/10/09: Message previously sent to Beyer Risa

06/10/09: Message previously sent to Cremen Kerri

SURGICAL SCHEDULING

☐ Anthony J Costa, MD
☒ Steven P Lisser, MD
☐ Arthur H Phair, MD
☐ Randall L Braddom, MD

Treating Physician
☐ Steven P Friedel, MD
☐ Daniel J Mulholland, MD
☐ Keith M Rinkus, MD
☐ Glenn M Forman, MD

☐ Edmund R Kappy, MD, FACS
☐ Bernard P Murphy, MD, FACS
☐ Lon A Weiner, MD
☐ Michael A Romello, MD

PATIENT: CIRO HICKS

TODAY'S DATE: 06/10/09

PROCEDURE DATE: 7/1/09

DIAGNOSIS: 727.61

..Surgery Request of right shoulder rotator cuff and biceps tear

PROCEDURES: Right shoulder arthroscopy, rotator cuff repair, biceps repair, decompression 29826 29827 29828

LOCATION: RMC

EQUIPMENT: Routine

ANESTHESIA: Regional

ASSIST: Physician's assistant

PRE-OP TESTING: CBC an EKG

MEDICAL CLEARANCE: Dr. Drout

COMMENTS: SCHEDULED SURGERY. INFO GIVEN TO PT. TO SHANNON FOR P-CERT/11:22:44 am 6/12/2009/RB

**fxd req 6/15/2009 8:21:12 AM sb



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Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-5959

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Phone Message

Message To: Risa, Beyer
Message From: Boyle Shannon
Message Date: 06/15/09

Treating Physician

☐ Anthony J Costa, MD
☒ Steven P Lisser, MD
☐ Arthur H Phair, MD
☐ Randall L Braddom, MD

☐ Steven P Friedel, MD
☐ Daniel J Mulholland, MD
☐ Keith M Rinkus, MD
☐ Glenn M Forman, MD

☐ Edmund R Kappy, MD, FACS
☐ Bernard P Murphy, MD, FACS
☐ Lon A Weiner, MD
☐ Michael A Romello, MD

PATIENT NAME: HICKS, CIRO
Home Phone: (732) 615-9268

Work Phone:

Message: just a fyi: surg is authzd 6/15/2009 10:01:50 AM sb

Response:

Saved and Finished By:
Risa Beyer / 10:14 AM June 15, 2009



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Red Bank, New Jersey 07701
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Marlboro Office

Kilmer Professional Park - Building 3
25 Kilmer Drive - Suite 105
Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-6959

www.orthocenter.com

Phone Message

Message To: Kerri, Cremen
Message From: Barruos Amanda
Message Date: 06/22/09

Treating Physician

☐ Anthony J Costa, MD
☒ Steven P Lisser, MD
☐ Arthur H Phair, MD
☐ Randall L Braddom, MD

☐ Steven P Friedel, MD
☐ Daniel J Mulholland, MD
☐ Keith M Rinkus, MD
☐ Glenn M Forman, MD

☐ Edmund R Kappy, MD, FACS
☐ Bernard P Murphy, MD, FACS
☐ Lon A Weiner, MD
☐ Michael A Romello, MD

PATIENT NAME: HICKS, CIRO
Home Phone: (732) 615-9268

Work Phone:

Message:

PT IN ALOT OF PAIN. WOULD LIKE SOMETHING FOR THE PAIN PLS CALL
732-633-7045. PERCOCET HAS WORKED WELL IN THE PAST. ALSO CANNOT TAKE
ROUND PILLS ONLY OBLONG ONES

Response: TRIED CALLING NUMBER IS D/C. OK PER LISSER BUT CANT CALL IN.

Saved and Finished By:

Kerri Cremen / 10:04 AM June 23, 2009



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Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-5959

www.orthocenter.com

Phone Message

Message To: Kerri, Cremen
Message From: Munholland Karen
Message Date: 06/25/09

Treating Physician

☐ Anthony J Costa, MD
☒ Steven P Lisser, MD
☐ Arthur H Phair, MD
☐ Randall L Braddom, MD

☐ Steven P Friedel, MD
☐ Daniel J Mulholland, MD
☐ Keith M Rinkus, MD
☐ Glenn M Forman, MD

☐ Edmund R Kappy, MD, FACS
☐ Bernard P Murphy, MD, FACS
☐ Lon A Weiner, MD
☐ Michael A Romello, MD

PATIENT NAME: HICKS, CIRO
Home Phone: (732)615-9268

Work Phone:

Message:

Has an appt with Dr Drout on Monday for clearance had b/w ekg done at rvmc other day.

Response:ok

Saved and Finished By:

Kerri Cremen / 9:05 AM June 29, 2009

State of New Jersey
PRESCRIPTION BLANK

PROVINCIAL MEDICAL CENTER P.C.
DAVID HYPPOLITE, M.D.
66 C BRIDGE AVENUE
RED BANK, NJ 07701-6412

DEA # 24-202221
LIC # 25MA001335-00
NPI # 1520850391

IF PRESCRIPTION IS WRITTEN AT AN ALTERNATE LOCATION, SEE STATE BOARD OF MEDICAL EXAMINERS FOR FURTHER INFORMATION. 001620

Hicks Caro Charles

6/29/07

Rx

Dear Dr. Lasser,
Mr Hicks may have
surgery for the right
shoulder injury.

Thank you

DAVID HYPPOLITE, M.D.
66 C BRIDGE AVENUE
RED BANK, NJ 07701-6412

State of New Jersey
PRESCRIPTION BLANK

PROVINCIAL MEDICAL CENTER P.C.
DAVID HYPPOLITE, M.D.
66 C BRIDGE AVENUE
RED BANK, NJ 07701-6412

DEA # 24-202221
LIC # 25MA001335-00
NPI # 1520850391

DEA # 24-202221
LIC # 25MA001335-00
NPI # 1520850391

IF PRESCRIPTION IS WRITTEN AT AN ALTERNATE LOCATION, SEE STATE BOARD OF MEDICAL EXAMINERS FOR FURTHER INFORMATION. 001620

Hicks Caro Charles

6/29/07

Rx

Dear Dr. Lasser,
Mr Hicks may have
surgery for the right
shoulder injury.

Thank you

DAVID HYPPOLITE, M.D.
66 C BRIDGE AVENUE
RED BANK, NJ 07701-6412

Handwritten
Collection

HICKS, CIRO C

Male (57 yr)

Room: SDS

Loc: 212

Vent. rate
PR interval
QRS duration
QT/QTc
P-R-T axes

56 BPM
192 ms
114 ms
426/411 ms
27 27 21

ID: 002742246

23-JUN-2009 14:43:02

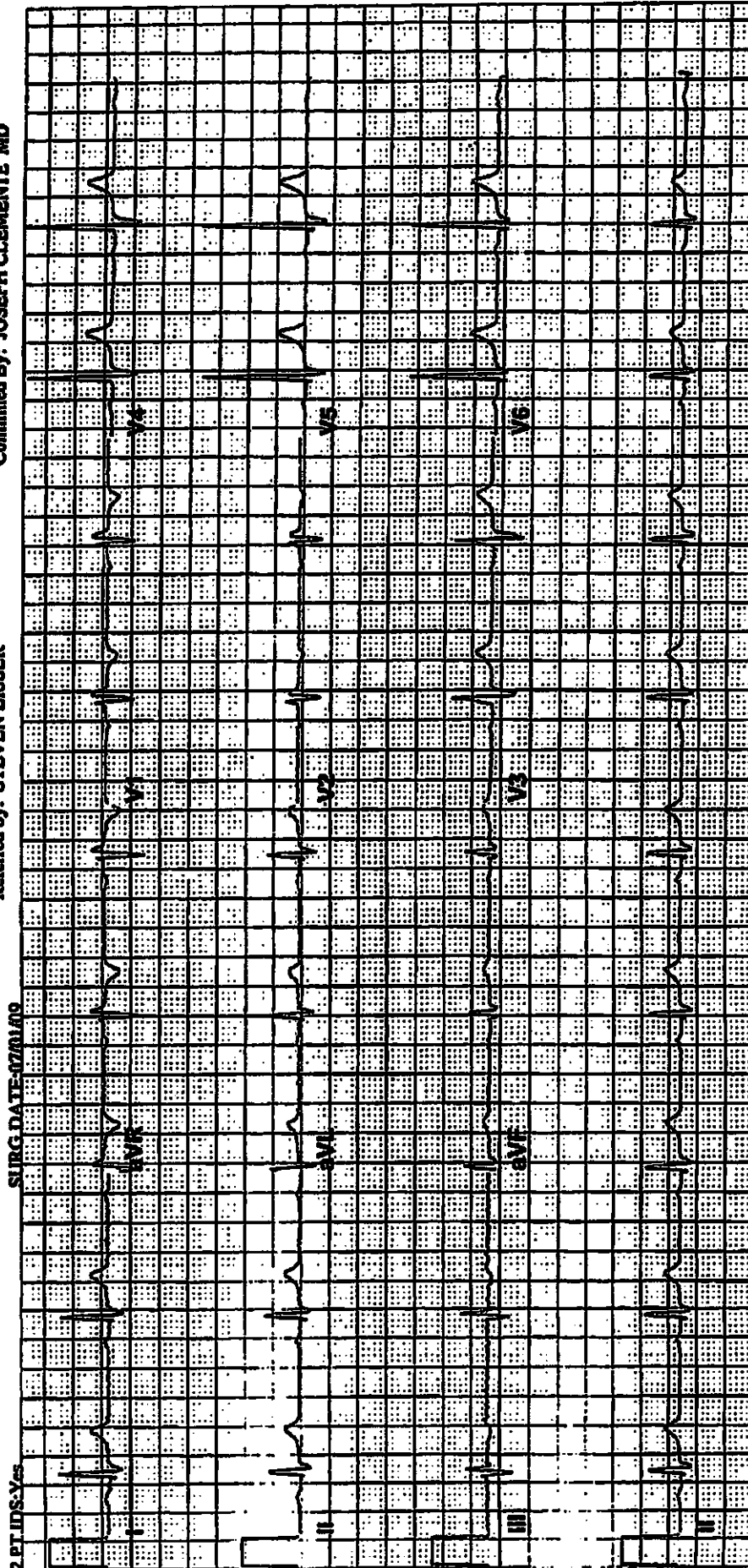
Current Meridian ECG-R PAT ROUTINE RETRIEVAL

Sinus bradycardia
Incomplete right bundle branch block
Borderline ECG
When compared with ECG of 23-JUN-2009 14:41,
No significant change was found

Technician: CMA
Test ind:

Referred by: STEVEN LISSER

Confirmed By: JOSEPH CLEMENTE MD



25mm/s 10mm/mV 150Hz MUSE 7.0.0 12SL 237 CID: 202

BID-558 EDT: 15:00 23-JUN-2009 ORDER: Page 1 of 1

HICKS, CIRO C (57 yr)
Male
Known SDS
Last: 212

23-JUN-2009 14:43:02

ID:002742245

Heart rate
PR interval
QRS duration
QT/QTc
P-R-T axes

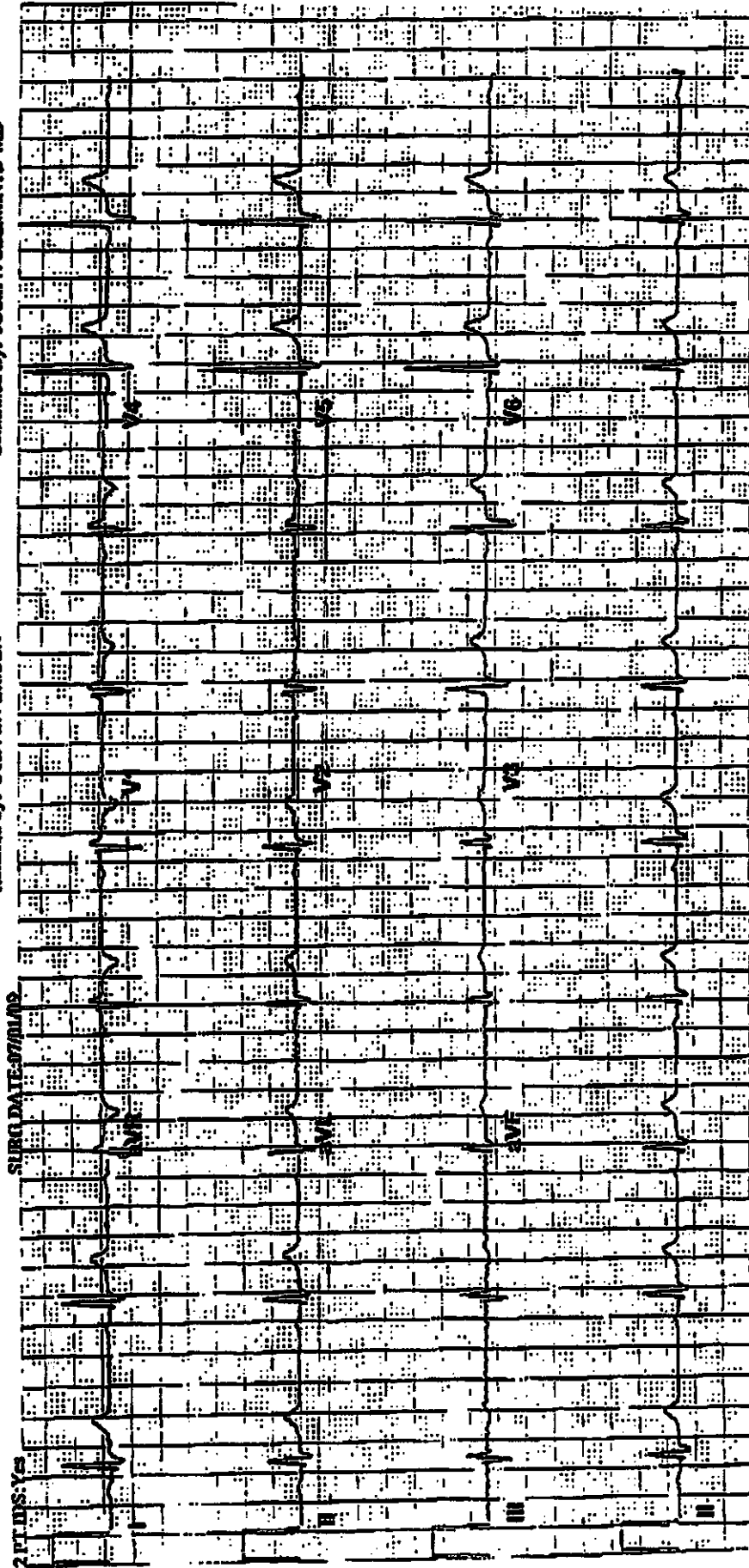
56 BPM
192 ms
114 ms
426/411 ms
27 27 21

Sinus bradycardia
Incomplete right bundle branch block
Borderline ECG
When compared with ECG of 23-JUN-2009 14:41,
No significant change was found

Technician: CMA
Test Ind:

Referred by: STEVEN LASSER

Confirmed By: JOSEPH CLEMENTE MD



25mm/s 10mm/mV 150Hz MUSE 7.0.0 12SL 237 CID: 202

GD-558 EDT: 15:00 23-JUN-2009 ORDER:

Page 1 of 1

Riverview Medical Center
Department of Laboratory Services
1 Riverview Plaza Red Bank, NJ 07701
Edwin Leschhorn MD, Director CLIA# 31D0113608

NAME: HICKS, CIRO C
MR#: 858896
ACCT: 002200777280

LOC: PAT
PHYS1: LISSER, STEVEN

DOB: [REDACTED]

SEX: M

***** AUTOMATED BLOOD COUNT *****

DATE:	06/23/09	REF RANGE	UNITS
TIME:	*1433		
LOC:	PAT		
WBC	9.3	4.5-11.0	K/uL
RBC	4.25 L	4.50-5.30	M/uL
HB	13.9	13.2-17.5	g/dL
HCT	41.1	40.0-53.0	%
MCV	96.5	80.0-100.0	fL
MCH	32.6	25.0-35.0	pg
MCHC	33.8	31.0-36.0	%
RDW	13.7	11.5-14.5	%
PLTC	246	150-450	K/uL
MPLTV	7.8	6.0-9.5	fL
NEUT PERCENT	54.4	50.0-70.0	%
NEUT ABSOL	5.1	1.8-8.0	K/uL
LYMPH %	39.1	33.0-43.0	%
LYMPH ABSOL	3.7	1.5-6.5	K/uL
MONO PERCENT	3.6	0.0-9.0	%
MONO ABSOL	0.3	0.0-1.0	K/uL
EOS PERCENT	2.6	0.0-9.0	%
EOS ABSOL	0.2	0.0-0.7	K/uL
BASO PERCENT	0.3	0.0-2.0	%
BASO ABSOL	0.0	0.0-0.1	K/uL

***** DIFFERENTIAL *****

DATE:	06/23/09	REF RANGE	UNITS
TIME:	*1433		
LOC:	PAT		
DIFF TYPE	AUTOMATED		

END OF REPORT

*J - JERSEY SHORE UNIVERSITY MEDICAL CENTER 1945 Corlies Avenue Neptune, NJ 07753
*O - OCEAN MEDICAL CENTER 425 Jack Martin Blvd Brick, NJ 08753

NAME: HICKS, CIRO C

MR#: 858896

LOC: PAT

ADMIT DATE: 06/23/2009

Wed Jun 24 13:35:57 2009 Page 2 of 4

Meridian Health Lab

Riverview Medical Center
 Department of Laboratory Services
 1 Riverview Plaza Red Bank, NJ 07701
 Edwin Leschhorn MD, Director CLIA# 31D0113608

SEX: M

DOB: [REDACTED]

NAME: NICKS, CIRO C
 MR#: 858096
 ACCT: 00220177280

LOC: PAT
 PHYS1: LYSER, STEVEN

===== PHYSICIAN COPY FOR DR: LYSER, STEVEN =====
 T38493 COLL: 06/23/2009 14:33 REC: 06/23/2009 14:51 PHYS: LYSER, STEVEN

CBC WITH DIFF	9.3	[4.5-11.0]	K/uL
WBC	L 4.25	[4.50-8.30]	M/uL
RBC	13.9	[13.2-17.5]	GM/dL
HEMOGLOBIN	41.1	[40.0-53.0]	g
HEMATOCRIT	96.5	[80.0-100.0]	FL
MCV	32.6	[25.0-35.0]	PG
MCH	33.8	[31.0-36.0]	g
MCHC	246	[180-450]	K/uL
PLATELET COUNT			
DIFF TYPE			
RDW	13.7	[11.5-14.5]	%
MPV	7.8	[6.0-9.5]	fL
NEUT PERCENT	54.4	[50.0-70.0]	%
NEUT ABSOL	5.1	[1.8-8.0]	K/UL
LYMPH PERCENT	39.1	[33.0-43.0]	%
LYMPH ABSOL	3.7	[1.5-6.5]	K/UL
MONO PERCENT	3.6	[0.0-9.0]	%
MONO ABSOL	0.3	[0.0-1.0]	K/UL
EOS PERCENT	2.6	[0.0-9.0]	%
EOS ABSOL	0.2	[0.0-0.7]	%
BASO PERCENT	0.3	[0.0-2.0]	%
BASO ABSOL	0.0	[0.0-0.1]	%

END OF REPORT

*J - JERSEY SHORE UNIVERSITY MEDICAL CENTER 1945 Corlies Avenue Neptune, NJ 07753
 *O - OCEAN MEDICAL CENTER 425 Jack Martin Blvd Brick, NJ 08753

NAME: NICKS, CIRO C

MR#: 858096
 LOC: PAT

ADMIT DATE: 06/23/2009

Print Date: 06/24/2009 13:00

PAGE: 1

INTERIM REPORT

OR SCHEDULING FORM						Phone: (732) 630-2887 Fax: (732) 630-2884	
PATIENT INFORMATION							
Patient Name: (Last)		(First)	(M.I.)	Date of Birth	Social Security #	Rt.	Wt.
HICKS		Ciro					M
Home Address: (Street)		(City)	(State)	(Zip)	Preferred Phone:	Cell Phone #	Alternate Phone #
5 Chanowich Ct., Middletown, NJ				07748	732-615-9248		
SURGERY INFORMATION							
Scheduled By:		Office Phone #/Ext:		Office Fax #:	Case Number:	Booking Office Initials:	
Risa		1732-741-2313		732-741-2858			
Name of Surgeon:				Name of Anesthetist:			
Dr. Steven Lisser				PA needed			
Surgery Date/Time Requested:		Confirmed Surgery Date/Time:		Patient Types:		Anesthesia Types:	
7/1/09 TE				<input type="checkbox"/> Cosmetic <input type="checkbox"/> Trauma <input type="checkbox"/> In-house <input type="checkbox"/> Outpatient <input type="checkbox"/> Same Day Surgery <input type="checkbox"/> 24 Hour Stay		<input type="checkbox"/> Anesthesia Of Choice <input type="checkbox"/> MAC <input type="checkbox"/> Block: Type <input type="checkbox"/> IV Sedation <input type="checkbox"/> General <input type="checkbox"/> General/Spinal <input type="checkbox"/> Straight Local <input type="checkbox"/> Local <input type="checkbox"/> LMA <input checked="" type="checkbox"/> Regional Block <input type="checkbox"/> Other:	
H in house - Room #		Estimated Surgery Length:		Injections:			
		2-2 1/2 hrs		<input type="checkbox"/> Day of Surgery Admission <input type="checkbox"/> In-house			
Surgery Block:				Outpatient:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Same Day Surgery <input type="checkbox"/> 24 Hour Stay			
Diagnosis & ICD 9 Code:							
727.61 Rt. ruptured rotator cuff							
Procedure & CPT Code:							
29826 Rt. shoulder arthroscopy 29827 rotator cuff repair, biceps 29828 repair, decompression							
Equipment:				Comments/Special Requests:			
Has the surgery been re-scheduled in the last 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				CELL SAVER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Original Surgery Date:				LAYEX ALLERGY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
INSURANCE INFORMATION				Need P.A.T.s? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Insurance:				P.A.T.s performed at: <input checked="" type="checkbox"/> RMC <input type="checkbox"/> H			
Van Line Bunkering				Subscriber's SSN:			
Phone Number:				Pre-Op Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Group No:				Contact Method:			
Policy No:				Authorization Number:			
Secondary Insurance:				Implants:			
Phone Number:							
Group No:							
Policy No:							
VENDOR INFORMATION							
Vendor: Was the vendor contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No				Contact Name:			
Comments/Special Request:							
P.A.T. QUESTIONS							
Will patient attend 9:30am Human Motion Class? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Tues & Thurs 9:30 am) Total Knee/Hip patients only							
Will patient require crutch training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Will patient attend 10:30am Spine Class? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							


**AUTHORIZATION FOR SURGICAL
OR OTHER SPECIAL PROCEDURES**

RNU-475 (11-03)

DOS: 7/1/09

1. I, Ciro Hicks, hereby authorize Dr. Steven Lisser
(name of patient)

such assistants as may be selected by him, to perform upon me, the above named patient, the following procedure(s),
(please print or type):

Right Shoulder arthroscopy, rotator
cuff repair, biceps repair, decompression

2. I consent to the administration of such medications, treatments, and therapies as may be deemed advisable in the judgment of the attending physician or designated associates or assistants.

3. It has been explained to me that during the course of an operation unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those set forth in paragraph 1. I therefore authorize and request that the above named surgeon, associates, and or assistants/residents perform such surgical procedures as necessary and desirable in the exercise of their professional judgment. The authority granted under this paragraph shall extend to treating all conditions that require treatment that are not known to the above physician at the time the operation is commenced.

4. I am aware that the admission of students and other observers to the operating or treatment room may occur, as approved by my physician.

5. I also consent to the use and publication of films and/or photographs, in whole or in part, at the discretion of the hospital and/or medical staff.

6. My physician has informed me, and I understand, certain risks, benefits and reasonable alternatives, complications and consequences are associated with this surgical/special procedure. I acknowledge that no guarantees or assurances have been made to me concerning the results. I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily, including the risks, benefits and alternatives of sedation.

7. I further consent to disposal by hospital authorities, in accordance with its accustomed practice, of any tissues or parts which may be removed.

Signed: _____ (Relationship to Patient)

Witness: _____ (Signature Only) Date: _____

ADMINISTRATION OF BLOOD AND/OR BLOOD PRODUCTS

☐ I consent to the administration of blood and/or blood derivatives, whole blood, packed red blood cells, platelets, plasma, albumin, or other as necessary. My physician or surgeon has informed me of the (risks and benefits) options of receiving autologous blood, designated blood, or homologous blood. I understand that the risks of a blood transfusion include, but are not limited to, infectious hepatitis, viral diseases including AIDS and unexpected blood reactions.

☐ I DO NOT consent to such transfusion of blood or blood products. I acknowledge that I have been fully informed of the risk(s) involved in refusing blood transfusion. I have had the opportunity to have all my questions answered to my satisfaction.

Signed: _____ (Relationship to Patient)

Witness: _____ (Signature Only) Date: _____ Time: _____

INFORMED CONSENT

I have explained to Ciro Hicks, (patient, parent, guardian, or proxy), the nature of the procedure, in layman's language, the necessity for the procedure, its risks, benefits, and alternatives, and the risks and benefits of those alternatives.

Date: _____ Physician Signature _____



STANDING PRE OP ORDERS:
DR. S. LISSER
 61668-007RX (5-05)

DOS: 7/1/09
 Ciro Hicks

Date: _____ Time: _____

ALLERGIES: DKA

1. NPO

2. Surgical Prep operative area

3. Antibiotic Orders: to be administered by Anesthesia within 20 minutes -
 1 hr. prior to incision.

4. Additional Orders:

LICENSED INDEPENDENT PRACTITIONER SIGNATURE							
TELEPHONE ORDER READ BACK AND VERIFIED				RECORDED BY			
SHIFT CHART CHECKED		DATE	TIME	ORDERS NOTED	DATE	TIME	



S1225-002/PC (10-07)

Patient Name: Ciro Hicks
 Date of Birth: [REDACTED]
 Home Phone #: 732-605-9248
 Date of Surgery: 7/1/09
 PAT Date: _____

Please report to the Pre-Admission Testing Area on:

BRING THIS FORM WITH YOU

Day _____ Date _____ Time _____

☐ Patient advised of total joint Class on day of PAT.ALLERGIES: NKA

for medical clearance.

Send results to _____

PREADMISSION TESTING ORDERS

Please check appropriate studies. Must include clinical reason for exam.

<input checked="" type="checkbox"/> CBC with Diff	ICD9 Code: <u>727.601</u>	<input type="checkbox"/> Chest X-ray	ICD9 Code: _____
<input type="checkbox"/> H&H	ICD9 Code: _____	<input checked="" type="checkbox"/> EKG	ICD9 Code: <u>727.601</u>
<input type="checkbox"/> Sed Rate	ICD9 Code: _____		
<input type="checkbox"/> PT/PTT	ICD9 Code: _____		
<input type="checkbox"/> Urine Analysis	ICD9 Code: _____		
<input type="checkbox"/> UCG	ICD9 Code: _____		
<input type="checkbox"/> Basic Metabolic Panel	ICD9 Code: _____		
<input type="checkbox"/> Comprehensive Metabolic Panel	ICD9 Code: _____		

Additional Orders: _____

ICD9 Code: _____

ICD9 Code: _____

ICD9 Code: _____

PREADMISSION BLOOD BANK ORDERS

☐ Type & Screen ☐ Type & Crossmatch _____ units Autologous _____ units

Maximum Surgical Blood Order Schedule

Procedure	Blood Bank Orders (Includes Autologous Blood)
Arthroscopy	No Specimen Required
Discectomy	Type & Screen
Laminectomy	Type & Screen
Spinal Fusion	Type & Crossmatch 3 units
Total Knee Replacement	Type & Crossmatch 2 units
Total Hip Replacement	Type & Crossmatch 2 units

Criteria for Preoperative Crossmatch of Additional Units (check all that apply):

☐ Complex Procedure ☐ Hgb. <9.5 ☐ Bleeding Disorder ☐ Patient on ASA
☐ Other _____

GENERAL INSTRUCTIONS

- If your physician has ordered a Comprehensive Metabolic Panel, please do not eat or drink anything after midnight the night before your appointment.
 - Please bring a urine specimen in a clean container if urinalysis is ordered.
 - Please list medications, dosages, and times on a separate piece of paper.
- If you are using lab tests from a physician's office or outside testing facility, please bring copies of your test results. Test results may be faxed to Surgical Day Stay Unit at 732-224-7497. All test results must be at the Surgical Day Stay Unit 24 hours prior to your surgery.
- If test results are faxed to a physician, please bring the fax number and phone numbers with you.
- Dr. Steven Isser*

07/01/2009 7:25:35 PM -0400

PAGE 5 OF 6

PATIENT: HICKS, CIRO
ORDER DATE: 07/01/2009

MED REC # 858896
RMS ORDER#: 90001

**MERIDIAN HEALTH
DEPARTMENT OF DIAGNOSTIC IMAGING
RIVERVIEW MEDICAL CENTER
1 RIVERVIEW PLAZA
RED BANK NJ 07701**

PATIENT: HICKS, CIRO
ADDRESS: 5 CHANOWICH COURT

MIDDLETOWN, NJ 07748

AGE: 57Y DOB: [REDACTED] SEX: M
STATION BED: -
CLASS: O
HOSP SERVICE: SDS
DSCH. DATE: 07/01/2009

DIAGNOSIS: ROTATOR CUFF RUPTURE;

ADM DATE: 07/01/2009
ORD DATE: 07/01/2009
SERIES #: 09063245

MED REC#: 858896
ADMISSION#: 2200777281
RMS ORDER#: 90001

ORDERING PHYSICIAN:
HOU, BEINHARD
RMC - MEDICAL STAFF OFFI

ATTENDING PHYSICIAN:
LISSER, STEVEN
80 OAK HILL ROAD

RED BANK, NJ 077011872

RED BANK, NJ 077015700

PROCEDURE: CHEST PORTABLE Jul 1 2009 10:40AM
ACCESSION #: 8959588
PROC REASON: SOB

FULL RESULT:

Chest AP erect.

The AP portable examination reveals the heart to be normal in size. There is no evidence of pleural effusion on the left. There is no evidence of an infiltrate in the left lung zone.

There is loss of the right heart border. The right hemidiaphragm appears elevated. A subpulmonic effusion on the right may be present. Lateral and decubitus views of the chest are suggested for further evaluation. A pneumonic infiltrate is not seen in either lung zone.

IMPRESSION: No evidence of pneumothorax or pneumothorax as described above. Elevated right hemidiaphragm. Follow up is suggested as noted above. The above results were called to Dr. Hou by Larry in X-ray.

INTERPRETING RADIOLOGIST: ALBERT TEDESCHI, MD

07/01/2009 7:25:35 PM -0400

PAGE 6 OF 6

PATIENT: HICKS, CIRO
ORDER DATE: 07/01/2009

MED REC # 858896
RMS ORDER#: 90001

ADMINISTRATIVELY SIGNED BY: ALBERT TEDESCHI, MD

Transcribed by: CMT
Jul 1 2009 4:55P

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MERIDIAN HEALTH

TRANSCRIBED REPORTS

-----PAGE 1

RMC OPER 07/01/09 00:00

OPERATIVE REPORT

Name: Hicks, Ciro C

MR #: 00000858896

DOB: [REDACTED]

AGE: 57

SEX: M

OPERATIVE DATE: 07/01/2009

SURGEON: Steven Lisser, MD

ASSISTANT: Kimberly Colasanti, PA-C

ANESTHESIOLOGIST: Francis Moon K. Lee, MD

ANESTHESIA: Continuous scalene block for postoperative pain management and general anesthesia.

PREOPERATIVE DIAGNOSIS: Rotator cuff tear.

POSTOPERATIVE DIAGNOSIS:

1. Full-thickness rotator cuff tear.
2. Proximal biceps tendon rupture.
3. Subacromial bursitis.
4. Impingement syndrome.
5. Glenohumeral synovitis.
6. Degenerative labral tear.

NAME OF PROCEDURE:

1. Arthroscopy right shoulder.
2. Extensive glenohumeral debridement.
3. Biceps tenodesis.
4. Rotator cuff repair.
5. Subacromial decompression.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None.

FINDINGS: A 4-cm full-thickness rotator cuff tear, impending rupture of proximal biceps tendon, glenohumeral synovitis, degenerative tear labrum, subacromial bursitis, and clinical evidence impingement.

IMPLANTS: Mitek Helix anchor x1, and Mitek bio-knotless anchor x2.

INDICATION: The patient is a 57-year-old male with a history of work-related injury and residual shoulder pain and loss of function, unresponsive to operative treatment. MRI scan is consistent with rotator cuff tear and biceps tendon tearing. He is being brought to the operating for surgical repair. Full preop discussion of risks and benefits of

HICKS ,CIRO C

SSN:

BDATE: 07/16/1951 SEX: M RACE: 1

RMC MR#: 858896

GENERATED AT: RMC

OWSDUU 67GR 07/28/09 1015 FROM 23GR ,OIFRTGFI

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MERIDIAN HEALTH

TRANSCRIBED REPORTS

-----PAGE 2

surgery, expected outcomes, potential complications, and alternative options.

PROCEDURE: The patient brought to the operating room, properly identified and intravenous antibiotics were administered. He was positioned on the table with the spine extension monitor applied. General anesthesia was induced without complication preoperatively and a continuous scalene block was also placed for additional postoperative pain management. After adequate anesthesia was confirmed, the patient was placed in modified beach chair position paying careful attention to his neck, padding all pressure sensitive areas, and the use of FloxiPulse boots. The right shoulder and upper extremity were examined and showed no significant restriction in past mobility. The areas were prepped and draped in normal sterile fashion.

A standard posterior arthroscopic portal incision was made with a #11 blade. The glenohumeral joint was entered with a blunt trocar. An anterior portal was established with 5-mm plastic cannula. Comprehensive evaluation of the glenohumeral joint was significant for evidence of a full-thickness rotator cuff tear with extensive partial tearing of the biceps tendon and associated tearing of the labrum. Glenohumeral synovitis was present anteriorly and superiorly. Articular surfaces were generally intact.

Extensive debridement was performed using the 4-part resector and Mitek VAPR device in all areas of synovitis in the labrum, undersurface of the rotator cuff, and articular margins.

A biceps tenodesis was then performed in the rotator interval using 2 #2 Ortho-cord sutures placed using Chin passer. After the sutures were passed and brought out into the bursa, the biceps was tenotomized.

At this point the arthroscope was transferred into the subacromial space. Anterior and lateral subacromial portals were established. Extensive bursitis was present which was debrided with the 4-part resector. Preparation was made for rotator cuff repair. Previous biceps sutures were identified and protected.

The rotator cuff tear was repaired in double-row fashion using the helix anchor medially and 2 bio-knotless anchors laterally. Excellent repair was achieved. Sutures were all tied. At this point the biceps sutures were also tied completing the repairs.

Decompression was completed with release of the coracoacromial ligament and anterior thorough acromioplasty with a 4-mm bur. The acromioplasty was carefully tapered from multiple angles.

The bursa was irrigated. Instruments were removed. The 4 portal incisions were closed using 4-0 nylon sutures and Steri-Strips. Dressings of Adaptic, sterile gauze, and paper tape was applied. A Polar Care cooling device and padded sling were applied to the shoulder.

The patient tolerated the procedure well. General anesthesia was reversed without complication. The patient was transferred to a stretcher and accompanied to recovery room in stable condition.

HICKS, CIRE C

SSN:

BDATE: 07/16/1951 SEX: M RACE: 1

RMC MRN: 668806

GENERATED AT: RMC

OWSDU 07GR 07/20/09 1015 FROM 23GR ,OIVATGPI

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07GR3409

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MERIDIAN HEALTH

TRANSCRIBED REPORTS

-----PAGE 3

DISPOSITION: The patient will be discharged home with his wife with full postop instructions and plans to followup in the office in approximately 5 days.

Steven Lissar, MD

Unreviewed

SL/mdq

Job #002159213/CS #2277981

DI: 07/01/2009

TI: 07/02/2009 7:45 A

cc: Kimberly Colasanti, PA-C

Steven Lissar, MD

RICKS ,CIRO C

SEN:

BDATE: 07/16/1951 SEX: M RACE: 1

RMC MRI: 828896

GENERATED AT: RMC

ONSDDU 87GR 07/28/09 1015 FROM 23GR ,OIFRZOF1

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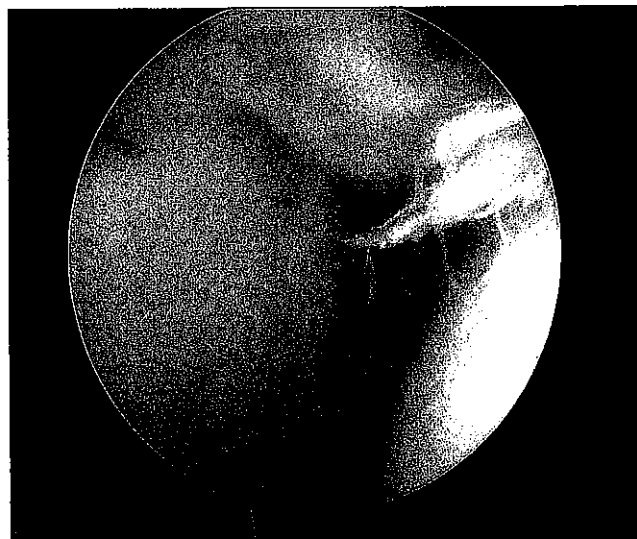
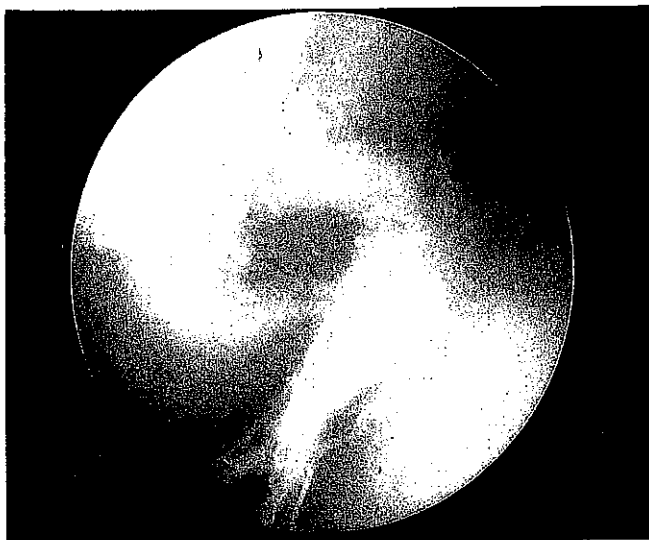
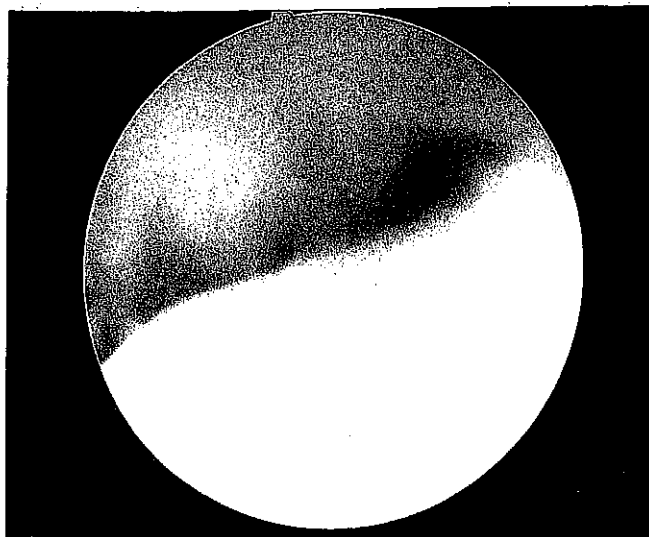
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RIVERVIEW MEDICAL CENTER

stryker

Surgeon: DR LISSER

Page: 1



7/2/09

Riverview Medical Center

Nurse's Notes

Name: Hicks, Ciro C
 Age: 57 years Sex: Male DOB: [REDACTED]
 Arrival Date: 07/02/2009 Time: 06:43
 Bed

MRN: 858896
 Account#: 2300395318
 Private MD: Ilypolite, David, MD

Presentation:

07/02 Method of Arrival: Other.
 06:43

06:43 Acuity: 3: Urgent.

06:43 Presenting complaint: Nurse from Day stay state here to meet Dr. Hou to have port replaced. Acuity: ESI 3.
 Method of arrival: On a stretcher. Language spoken: English.

Triage Assessment:

06:48 General: Appears in no apparent distress. Behavior is anxious, cooperative. Pain: Denies pain.

Historical:

- Allergies: Denies latex allergy. No known Allergies;
- Home Meds:
 1. Percocet PO;
- PMHx: L shoulder surgery;
- Immunization history: Last tetanus immunization: unknown.

Screening:

06:46 Advance Directive:
 Patient does not have advanced directive.
 Domestic Violence:
 Patient denies any domestic violence.
 Fall risk assessment completed
 No falls in last 3 months No assistance needed.
 Suicide Risk assessment completed:
 Not applicable.

Assessment:

07:24 General: Appears in no apparent distress. Behavior is cooperative. pt was brought from daystay for port insertion by Dr hao, pt recd in R 22, A & o x3, Dr hao put port under U/S guidance, pt tolerated well procedure.
 07:34 General: pt watched for 30 minutes, feeling alright, vitals taken stable, discharge instructions given by Dr Hao..

Vital Signs:					Pulse Ox	Weight	Pain	Staff
Time	B/P	Pulse	Resp	Temp			0/10	aj
06:47	147 / 65	85	18	98.4	95% on		0/10	nk
07:33	117 / 70	70	20	98.2	95% on R/A			

ED Course:

06:43 Patient arrived in ED.
 06:43 Patient moved to 22.
 06:43 Patient visited by Josselyn, Angela, RN.
 06:44 Kumar, Nirmal, RN is Primary Nurse.
 06:47 Arm band placed on right wrist.
 06:49 Patient name changed from Ciro^Hicks to Ciro^C^Hicks.
 07:25 No procedures done that require assistance. Accessed Port-a-Cath.
 07:26 Report given to Myrna RN.
 07:35 Patient has correct armband on for positive identification.
 07:54 Patient visited by Abetria-Ramas, Myrna, RN.

Outcome:

07:35 Medication re-evaluation N/A -no medications given. Discharged to home ambulatory, with family.
 Condition: stable. Total length of IV infusions: Not Applicable. Discharge instructions given to patient.

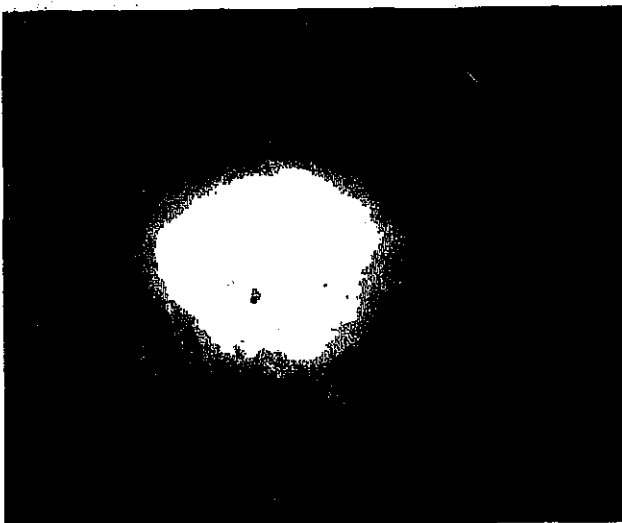
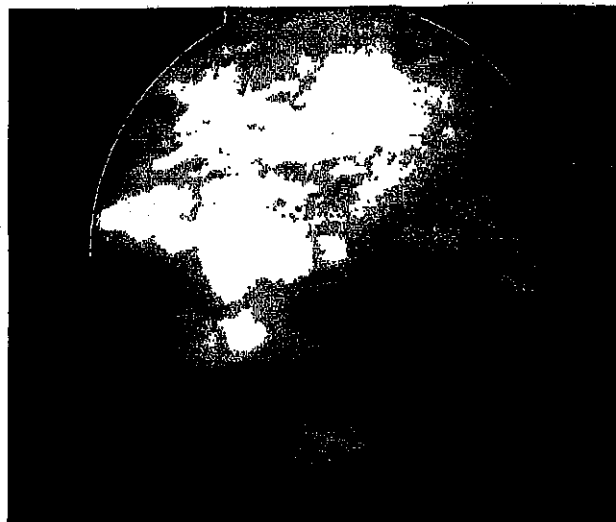
*** CHART COMPLETE ***
 Emergency Department

RIVERVIEW MEDICAL CENTER

Surgeon: DR LISSER

Page: 2

stryker



Nurse's Notes Con't

Riverview Medical Center

family, instructed on follow up and referral plans. Demonstrated understanding of instructions. Chart
Complete. Attachments None.

ma
ma

07:54 Discharge ordered by MD.

07:54 Patient left the ED.

Signatures:

Dispatcher MedHost

Josselyn, Angela, RN

EDMS
RN aj

Abelra-Ramas, Myrna, RN
Kumar, Nirmal, RN

RN ma
RN nk

Name: Ciro Hicks

Emergency Department

Print Time: 8/4/2009 09:58:50

MRN: 858896
Account#: 2300395318
Page 2 of 2

Riverview Medical Center

MRN: 858896
 Account#: 2300395318
 Private MD: Hyppolite, David, MD

Physician Documentation

Name: Hicks, Ciro C.
 Age: 57 years Sex: Male DOB: [REDACTED]
 Arrival Date: 07/02/2009 Time: 06:43
 Bed 22

Chief Complaint: - Here to have port replaced

Historical:

- Allergies: Denies latex allergy; No known Allergies;
- Home Meds:
 1. Percocet PO;
- PMHx: L shoulder surgery;
- Immunization history:: Last tetanus immunization: unknown.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
07/02	147 / 85	85	16	98.4	95% on		0/10	aj
06:47							0/10	nk
07:33	117 / 70	70	20	98.2	95% on R/A			

Diagnosis: port re-insertion

Signatures:

Josselyn, Angela, RN

RN aj



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Middletown Office
80 Oak Hill Road
Red Bank, New Jersey 07701
Phon 732-741-2313 / Fax 732-741-7154

Marlboro Office
Kilmer Professional Park - Building 3
25 Kilmer Drive - Suite 105
Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-5959

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POST OP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 07/06/09
REFERRING PHYSICIAN: MURPHY, MD, BERNARD,
P

AGE: 57 years old

CHIEF COMPLAINT: Patient presents today for post-operative visit for right shoulder. kc

DATE OF SURGERY: 7/1/09

HPI: Postoperative evaluation status post rotator cuff repair biceps tenodesis. Reports an expected amount postoperative discomfort.

EXAM:

Wound clean and dry sutures removed, this can or aggressive function intact.

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Proximal biceps rupture right shoulder
-Rotator cuff tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN: Full-time sling immobilization. We assessment and three weeks with expected initiation of physical therapy program at that time. Continue home pendulum exercises. Activity precautions reviewed. Unable to return to work in any capacity.

Steven P Lissner, MD



ORTHOPAEDIC, SPORTS MEDICINE AND REHABILITATION CENTER, P.A.

Scan

ORTHOPAEDIC SURGEONS

Anthony J. Costa, MD

Fellowship Trained
Joint Replacement & Reconstruction

Steven P. Friedel, MD

Board Certified Orthopaedic Surgeon

Alfred D. Greisman, MD, FACS

Board Certified Orthopaedic Surgeon
Fellowship Trained in Physical Medicine
& Rehabilitation
Teaching Faculty NYU
Hospital for Joint DiseasesTRANSMITTAL COVER SHEET

Edmund R. Kappy, MD, FACS

Board Certified Orthopaedic Surgeon
General Orthopaedics
and Arthroscopic Surgery

Steven P. Lissner, MD

Board Certified Orthopaedic Surgeon
Added Qualifications in Surgery of the Hand
Shoulder & Upper Extremity
Sports Medicine and Microsurgery

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Board Certified Orthopaedic Surgeon
Fellowship Trained in Sports Medicine
Reconstructive Surgery of the
Knee and Shoulder
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Board Certified Orthopaedic Surgeon
Fellowship Trained in Spine Surgery
Joint Replacement

Keith M. Rinkus, MD

Fellowship Trained in Spine Surgery

PHYSICAL MEDICINE
& REHABILITATION

Randall L. Braddock, MD

Board Certified Physiatrist
Physical Medicine & Rehabilitation

Glenn M. Forman, MD

Board Certified Physiatrist
Physical Medicine & Rehabilitation

Michael A. Romello, MD

Board Certified Physiatrist
Fellowship Trained in Interventional
Pain ManagementDATE: 7/14/09

TIME: _____ AM/PM

TO: Dis. DeptFAX: 402-997-1865FACILITY: Mutual Omaha

FROM: ORTHOPAEDIC, SPORTS MEDICINE AND REHABILITATION, P.A.

FAX: 732-741-2915

NUMBER OF PAGES INCLUDING COVER PAGE: _____

COMMENTS: Re: Cirro E. HicksCONFIDENTIALITY NOTICE

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SIGNED: Nelson
ORTHOPAEDIC SPORT MEDICINE &
REHABILITATION CENTER, PA

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50 Oak Hill Road

P.O. Box 1, New Jersey 07041

Phone 732-741-2313 Fax 732-741-7154

www.orthocenter.comMarlboro Office

Former Professions Park - Building 3

25 Kumer Drive - Suite 105

Morganville, New Jersey 07751

Phone 732-817-3111 Fax 732-817-3956

Long-Term Disability Claim Physician's Statement

Please Complete in Full

S-1 Group Disability Management Services
Mutual of Omaha Insurance Company
United of Omaha Life Insurance Company
Mutual of Omaha Plaza, Omaha, NE 68175
Fax (402) 997-1865

This form should be completed by the physician who was treating the claimant when he or she last worked.

To Be Completed By The Attending Physician

A. General Information		Employer Name		Policy Number
This claim is for (Patient's Name)		VANE LANE BONKERING		GUG 2303671C
Patient's Social Security Number	Height	Weight	Blood Pressure	Date of Birth (Month, Day, Year)

B. Complete this section for normal pregnancy, then go to section E.		
What was the date of the last menstrual period?		What is the expected date of delivery?
What is the expected length of postpartum recovery?	What was the first date of treatment?	What was the last date of treatment?

C. Complete this section for all conditions except normal pregnancy.	
Primary Diagnosis including ICD 9 or DSM code	
rupture rotator cuff 727.61; pain joint shoulder region 719.49	
Symptoms	pain
Objective Findings	mild decrease in joint space of (R) shoulder
What diagnostic testings have been done?	x-rays & MRI; significant per full thickness tear supraspinatus tendon
Are there secondary conditions contributing to the disability?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what are they? (Please include ICD 9 or DSM code.)	

If this is a cardiac condition, what is the functional capacity? (American Heart Association)		<input type="checkbox"/> Class 1 - No limitation	<input type="checkbox"/> Class 3 - Marked limitation
		<input type="checkbox"/> Class 2 - Slight limitation	<input type="checkbox"/> Class 4 - Complete limitation
When did symptoms first appear?	Date of the patient's first visit (Month, Day, Year)	Date you believe the patient was first unable to work (Month, Day, Year)	
4/21/09	4/23/09		
Date of the patient's last visit (Month, Day, Year)	How often do you see the patient?		
	6/2/09 - present		

Is the patient's condition work related?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: 4/21/09 - injured at work	
Has the patient undergone surgery?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, procedure and result. (R) shoulder arthroscopy 7/11/09	
If no, do you expect surgery to be performed in the future?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date and type of surgery. rotator cuff repair; decompression	
What medication is the patient currently taking or has been prescribed?	

Please indicate other types and frequencies of treatment.	
surgery; sling immobilization, physical therapy, aduval, home pendulum exercises.	
Has the patient been referred to a medical rehabilitation or therapy program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.	

Have you referred the patient for other types of consultations?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.	

Has the patient been hospital confined?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: 7/11/09	

Name of Hospital		Dates of Confinement
Riverside Med Center		7/11/09 through
Address		
Red Bank NJ 07701		
MUG1710C_0906		(Continued on next page)

Please Complete in Full

Employer Name _____

Policy Number GUG 2303671C**D: Information about the patient's inability to work**

Briefly describe restrictions and limitations.

Restrictions (What the patient SHOULD NOT do)

Limitations (What the patient CANNOT do)

What is your prognosis for recovery?

Has patient achieved maximum medical improvement?

☐ Yes ☐ No If no, complete the following:

How soon do you expect fundamental changes in the patient's medical condition?

☐ 1 - 2 months☐ 3 - 6 months☐ 6 months to 1 year☐ 1 year or more☐ Never

Give details concerning expected improvement or deterioration:

What is your treatment plan for patients return to work or return to prior level of function?

In an eight hour workday, claimant can: (Circle full hourly capacity for each activity)

Sit	1	2	3	4	5	6	7	8
Stand	1	2	3	4	5	6	7	8
Walk	1	2	3	4	5	6	7	8

out of work until further notice

Are there restrictions in:

Yes No

Comments: If "Yes," please explain fully below

Lifting/Carrying

☐ ☐

Use of hands in repetitive actions

☐ ☐

Use of feet in repetitive movements

☐ ☐

Bending

☐ ☐

Squatting

☐ ☐

Crawling

☐ ☐

Climbing

☐ ☐

Reaching above shoulder level

☐ ☐

Other (please specify)

☐ ☐*office notes 7/6/09 enclosed.*

When do you expect claimant to return to prior level of functioning?

Would you recommend vocational rehabilitation for this patient?

☐ Yes ☐ No**E: Required Attachments and Signature**

After you have fully completed this form, attach copies of the following materials:

- Office notes for the period of treatment for the last two years
- Test results showing objective findings
- Hospital discharge summaries
- Consulting physician reports

Your Name

Steven P. Lisser, MD

Degree

MD

Specialty

Orthopaedics

Telephone: ()

Fax: (732) 741-2313

Address

80 Oak Hill Rd Red Bank, NJ 07701

X

Signature of Attending Physician (no stamp)

Date

7/14/09



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25 Kilmer Drive - Suite 105
Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-5959

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FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 07/28/09
REFERRING PHYSICIAN: MURPHY, MD,
BERNARD, P
Hyppolite, David,

AGE: 58 years old

CHIEF COMPLAINT: DOS 7/1/09 Right shoulder follow up. kc

HPI: Four weeks status post right shoulder rotator cuff at biceps repair. Patient reports residual pain but overall states he is doing well.

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain
Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)
Allergies: .No Known Drug Allergies

ROS:
General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:

Physical Examination Shoulder:

Appearance: No deformity
Skin: »Skin» [REDACTED]
Palpation: Mild tenderness anterior shoulder

Shoulder Range of Motion:
Active Passive (Equal to Active unless noted)

Report Date: December 15, 2010 **Patient:** Hicks, Ciro **DOS:** 07/28/09

Flexion: 90
Abduction: 60
External Rotation 90:
External Rotation 0: 30
Internal Rotation: S1

Stability: Normal

Strength: Supraspinatus: Infraspinatus: Deltoid: 5/5 Biceps: 5/5
Pain with Resistance Testing:

Impingement Sign: Negative

Distal Neuro-Vascular Function: Normal

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Rotator cuff tear right shoulder
-Proximal biceps rupture right shoulder

PRESCRIPTION: No data for Prescription

PLAN: Continue activity precautions and protective swathe immobilization. Advanced to full active assisted range of motion exercises. Reassessment in two weeks with planned initiation of formal PT program at that time. Maximum medical improvement anticipated an approximate four months. Patient unable to return to work in any capacity at present time.



Steven P Lisser, MD

Post Operative Shoulder Exercises



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Kilmer Professional Park - Building 3
25 Kilmer Drive - Suite 105
Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-5959

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FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 08/10/09
REFERRING PHYSICIAN: LISSER, STEVEN, P.
Hyppolite, David,
MURPHY, MD, BERNARD, P

AGE: 58 years old

CHIEF COMPLAINT: new eval , low back pain , 1 wks , pain is severe of

HPI: Patient is seen for acute onset of low back pain which started about a week ago getting progressively worse mid back without radiation to either side. At a similar problem 25 years ago and had an epidural shot which has not given him problems since.

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain
Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)
Allergies: .No Known Drug Allergies

RQS:
General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:
Has marked spasm and limited motion of the lumbar spine neurovascular exam is intact.

RADIOLOGY: X-ray showed just a generation of 51 and no other significant abnormalities
impression is

PROCEDURES: And injected his lower back with cortisone and Xylocaine under sterile

Report Date: December 15, 2010 **Patient:** Hicks, Ciro **DOS:** 08/10/09
conditions and a trigger point area.

DIAGNOSIS: -Lumbosacral sprain superimposed on distant generation

PRESCRIPTION: No data for Prescription

PLAN: The patient or he has Flexeril and again at my back support give him bike at a
Vicodin.



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FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 08/18/09
REFERRING PHYSICIAN: LISSER, MD, STEVEN, P
Hyppolite, David,
MURPHY, MD, BERNARD, P

AGE: 58 years old

Workers Comp #: 7045
Accident Date: 04/21/2009

CHIEF COMPLAINT: DOS 7/1/09, right shoulder and bicep repair. Feels very sore. kc

HPI: Notes overall improvement. Still very limited with use of right arm. Has also had problems with lower back pain unrelated to work injury.

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)

Allergies: .No Known Drug Allergies

ROS:
General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin
and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:
Physical Examination right Shoulder:

Appearance: No deformity
Skin: Intact, no lesions, no swelling
Palpation: No focal tenderness

Shoulder Range of Motion:

	Active	Passive (Equal to Active unless noted)
Flexion:	60	140
Abduction:		
External Rotation 90:		
External Rotation 0:	40	

Report Date: December 15, 2010 **Patient:** Hicks, Ciro **DOS:** 08/18/09

Internal Rotation: 1

Stability: Normal

Strength: Supraspinatus: Infrapinatus: 4/5 Deltoid: 5/5 Biceps: 5/5

Pain with Resistance Testing:

Impingement Sign: Negative

Distal Neuro-Vascular Function: Normal

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Proximal biceps rupture right shoulder
-Rotator cuff tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN: Begin physical therapy program. Discontinue sling. Maintain activity precautions with right arm. Office reassessment four weeks. Delay return to work due to persistent pain and functional restrictions.

WORK STATUS: Unfit for any work at present time, expected clear as four light duty in four weeks

MMI: Estimated four months

RESTRICTIONS: No work at present time



Steven P. Lisser, MD

[REDACTED]



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PHYSICAL THERAPY PRESCRIPTION

PATIENT NAME: HICKS, CIRO
DIAGNOSIS: s/p right shoulder/bicep rupture
FREQUENCY: 2-3

DATE: 08/18/09

NO. OF WEEKS: 4

INITIAL PREFERENCE OF TREATMENT:

(X) EVALUATE AND TREAT

- ☐ Hot/Cold Packs
- ☐ Ultra Sound
- ☐ Phonophoresis
- ☐ Iontophoresis
- ☐ Electric Stim.
- ☐ Traction
- ☐ Tens
- ☐ Massage
- ☐ Whirlpool
- ☐ Cryotherapy
- ☐ Paraffin
- ☐ Resisted Exercises
- ☐ Stretching Exercises
- ☐ Joint Mobilization
- ☐ Ergonomics/ADL
- ☐ Neck Program
- ☐ Back Program
- ☐ Williams Flexion
- ☐ McKenzie Extension
- ☐ Back School
- ☐ Other:

() RANGE OF MOTION

- ☐ PROM
- ☐ AAROM
- ☐ AROM

() GAIT TRAINING

- ☐ NWB
- ☐ PWB
- ☐ WBAT
- ☐ FWB
- ☐ Home Exercise Program
- ☐ Progress as tolerated

() TESTING

- ☐ Cybex Evaluation
- ☐ Cybex Training
- ☐ Comparative Muscle Test:

() Impairment Rating:

() Physical Capacity Test:

Comments/Precautions:
wants to goto RED BaNK office for pt

Physician's Signature:

Steven P Lisser, MD



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PHYSICAL THERAPY PRESCRIPTION

PATIENT NAME: HICKS, CIRO

DATE: 08/18/09

DIAGNOSIS: Right shoulder rotator cuff repair and biceps tenodesis

FREQUENCY: Two -- 3 times per week

NO. OF WEEKS: Four

INITIAL PREFERENCE OF TREATMENT:

(X) EVALUATE AND TREAT

- ☐ Hot/Cold Packs
- ☐ Ultra Sound
- ☐ Phonophoresis
- ☐ Iontophoresis
- ☐ Electric Stim.
- ☐ Traction
- ☐ Tens
- ☐ Massage
- ☐ Whirlpool
- ☐ Cryotherapy
- ☐ Paraffin
- ☐ Resisted Exercises
- ☐ Stretching Exercises
- ☐ Joint Mobilization
- ☐ Ergonomics/ADL
- ☐ Neck Program
- ☐ Back Program
- ☐ Williams Flexion
- ☐ McKenzie Extension
- ☐ Back School
- ☐ Other:

() RANGE OF MOTION

- ☐ PROM
- ☐ AAROM
- ☐ AROM

() GAIT TRAINING

- ☐ NWB
- ☐ PWB
- ☐ WBAT
- ☐ FWB
- ☐ Home Exercise Program
- ☐ Progress as tolerated

() TESTING

- ☐ Cybex Evaluation
- ☐ Cybex Training
- ☐ Comparative Muscle Test:

() Impairment Rating:

() Physical Capacity Test:

Comments/Precautions: Begin with gentle active/passive range of motion, progress to isometric exercises, progress to stretching and strengthening as tolerated. Daily home exercise program.
Physician's Signature:

Steven P Lisser, MD



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Phone Message

Message To: Shannon, Boyle
Message From: Cremen Kerri
Message Date: 09/08/09

Treating Physician

☐ Anthony J Costa, MD
☒ Steven P Lisser, MD
☐ Arthur H Phair, MD
☐ Randall L Braddom, MD

☐ Steven P Friedel, MD
☐ Daniel J Mulholland, MD
☐ Keith M Rinkus, MD
☐ Glenn M Forman, MD

☐ Edmund R Kappy, MD, FACS
☐ Bernard P Murphy, MD, FACS
☐ Lon A Weiner, MD
☐ Michael A Romello, MD

PATIENT NAME: HICKS, CIRO
Home Phone: (732) 615-9268

Work Phone:

Message:
patient still hasnt been approved for pt. dr lisser wants him to go here. pt rx in chart.
patient called again.

Response:

Saved and Finished By:
Shannon Boyle / 10:10 AM September 09, 2009

DR: Lissca

DATE: 9/17/09

REF: Cleo Hicks

DIAGNOSIS: ② SLR R biceps tendon

REFERRAL DATE AND ORDERS: 8/18/09

FOLLOW UP PHYSICIAN APPOINTMENT: 4 weeks

DATE OF INJURY OR ACCIDENT: 7/1/09

DEAR DR:

The above named patient was referred to our services for Physical / Occupational Therapy evaluation and treatment. The patient at the time of evaluation presents as follows:

DOMINANT SIDE: ②

PAST MEDICAL HISTORY: - ACDF - 1990 -

M. Co - palpates -

- Exclut - Tylenol -

SOCIAL HISTORY: - lives & wife

ACUTE MEDICAL HISTORY: - pt was pushing a 2 hundred pound object up on a
2x8 beam that was slipping and it took shoulder right out
of socket.

pt report having discomfort where pain pump was put in since then to hand -
MP

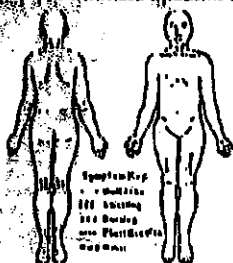
CHIEF COMPLAINT / PATIENT GOALS: - 1 room in exercises in ② shoulder -

FUNCTIONAL STATUS: - Works on rigs - not allowed to go back to work.
has to be able to lift and carry a certain amount of weight

OBJECTIVE DATA: Pain rest 3/10

Worst 8/10

Pain: Describe your current pain symptoms by marking on the drawing below, using symbols shown in the "Symptom Key", to indicate specific types of sensation.



	Shoulder	②	①	③	④
✓	80°	WFL	4/5	5/5	5/5
10	75°	WFL	4/5	4/5	4/5
IR	but in T10		4/5		
FR	occiput T2		4/5		

... Cies Hinder

QUANTITATIVE DATA cont.:

Tender at anterior shoulder

Tender at short head of biceps muscle

↓ biceps ✓	120	135	45	55
/	85°	20°	45	55

Grip ② 18 kg ③ 27 kg

ASSESSMENT: pt 2 ↓ ROM and strength. At ③ UE due to recent surgery

Goals ↑ ROM to = ② ③ TRP

↑ grip 20 kg

↑ strength to 55%

↓ pain to ≤ 2/10 at worst

PLAN:

If you have any questions regarding this report or my suggestions regarding further treatment for this patient, please feel free to contact me at your convenience.

Thank you for this referral. If I can be of assistance to you in the future, please let me know.

Sincerely,



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PT INITIAL EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]
AGE: 68 years old

DATE OF SERVICE: 09/17/09

Diagnosis

- Proximal biceps rupture right shoulder
- Rotator cuff tear right shoulder

Current Medications: flomax

lexapro (SIG: poqd)

lisinpril

Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)

percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)

Allergies:

.No Known Drug Allergies

PAST HISTORY:

Illnesses:

Heart Disease

Hyperlipidemia

Prostate Cancer: enlargement prostate

Operations:

Appendectomy

Foot: broke left

knee replacement: right 2005?

Social History:

Alcohol - Denies

Children

Employment: Full Time

Exercise - < 3 X per week

Marital Status: Married

Tobacco: Cigarettes <1 PPD

Family History:

Diabetes

Subjective Examination: Patient reports that new working on a tug boat when a 200 pound piece of equipment started rolling toward him. He put his arms out and try to secure the equipment and he felt his arm pop out. Patient had difficulty with the pain pump then had to return to the surgery center to have it fixed. Since then he has been having pain from his neck down to the top of his hand.

His chief complaint at this time decreased range of motion and strength in the right shoulder. He is also limited by his shoulder pain and discomfort.

Rates pain at rest 3/10 in his worst pain 8/10.

Objective:

R PROM	Strength
--------	----------

Report Date: December 15, 2010 Patient: Hicks, Ciro DOS: 09/17/09

Fwd Flexion: 82°	4/5
Abduction: 75°	4/5
ER occiput	4/5
IR buttocks	4/5

L PROM	Strength
Fwd Flexion: 180°	5/5
Abduction: 180°	5/5
ER T 10	5/5
IR T 2	5/5

Tender to palpate at anterior shoulder

Tender at short head of biceps

Elbow ROM decreased on right flex 120 ext 35 strength 4/5 v/o

Left ext 0 flex 135 strength 5/5 v/o

Grip right 18 kb left 37 kg

Treatments: Initial evaluation, education and instruction in HEP, CP and Interferential stim.**Assessment:** Patient with Pain, decreased ROM and strength due to recent surgery.**Goals:**

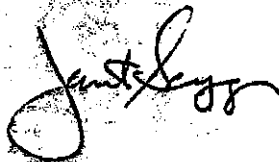
Increase ROM to equal left UE

increase grip 20 kg

increase strength to 5/5 v/o

decrease pain to > equal to 2/10

HEP

Plan: Two to three times a week for four weeks. Treatment consisting of therapeutic exercise, moist heat, cold pack, electrical stimulation, manual treatment, US, infrared, gameready and home exercise program.**Therapeutic Contents:**


Janet Scragg, PT



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PT DAILY NOTE

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]
AGE: 58 years old

DATE OF SERVICE: 09/22/09

Diagnosis

- Rotator cuff tear right shoulder
- Proximal biceps rupture right shoulder

Subjective Examination: patient complains of pain in the right shoulder, which is quite severe. He has been trying to perform the home exercise program instructed last therapy session.

Objective: Patient received moist heat to the shoulder followed by gentle passive range of motion exercises in supine position. Patient was introduced to the overhead pulleys which he performed facing the pulleys, he also performed the Nordic arms, and was instructed in wall climbing exercise with assistance of the other arm. Patient was instructed in wand exercise with cane for external rotation with elbow at the side. Treatment ended with an ice pack and electrical stimulation to the shoulder for pain management.

Assessment: Treatment tolerated fair. Patient he complained of pain even with passive range of motion exercises to the shoulder, and required frequent rest periods. Patient was instructed to defer any exercise that he did not feel comfortable performing at home, especially if it increased pain that stayed increased after exercise.

Plan: We will monitor Patient closely and progress therapeutic exercises tolerated.

Shaila D'Souza, PT



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PT DAILY NOTE

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]
AGE: 58 years old

DATE OF SERVICE: 09/24/09

Diagnosis

- Rotator cuff tear right shoulder
- Proximal biceps rupture right shoulder

Subjective Examination: I continue to have pain in my right shoulder. I am performing the pulleys at home as well as the pendulum exercises.

Objective: Patient received moist heat to the shoulder, this was followed by gentle active Assisted exercises to the shoulder in supine position. Patient was instructed in active assisted flexion to elevation using opposite arm as an assisst. Patient was also instructed in wand exercises-for flexion in supine position, extension in standing, and external rotation with the elbow at the side. He continued with the overhead pulleys,UBE, Nordic arms and wall climbing exercise.

Assessment: Treatment well tolerated with improved range of motion into assisted flexion following treatment session. Patient educated on performing home exercises and gentle active assisted stretches within pain limitations. Patient has been instructed that if pain levels reach 5/10 on pain scale of 0-10, he should defer the exercise and report to us.

Plan: will continue with present plan and progress as tolerated.

Shaila D'Souza, PT



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FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 11/07/09
REFERRING PHYSICIAN: Hyppolite, David,

AGE: 58 years old

Workers Comp #: 7045
Accident Date: 04/21/2009

CHIEF COMPLAINT: DOS 7/1/09, right shoulder/bicep follow up. kc

HPI: Report slow progress. Had to miss several physical therapy visits due to the flu.

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)
Allergies: .No Known Drug Allergies

ROS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:

Physical Examination right Shoulder:

Appearance: No deformity
Skin: Intact, no lesions, no swelling
Palpation: No focal tenderness

Shoulder Range of Motion:

	Active	Passive (Equal to Active unless noted)
Flexion:	120	140
Abduction:		
External Rotation 90:		
External Rotation 0:	30	
Internal Rotation:	L5	

Stability: Normal

Report Date: December 15, 2010 **Patient:** Hicks, Ciro **DOS:** 11/07/09

Strength: Supraspinatus: 5-/5 Infrapinatus: Deltoid: 5/5 Biceps: 5/5
Pain with Resistance Testing: Mild

Impingement Sign: Negative

Distal Neuro-Vascular Function: Normal

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Proximal biceps rupture right shoulder
-Rotator cuff tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN: **Assessment:** Moderate improvement
• Continue physical therapy. Expected duration eight -- 10 more weeks
• Follow-up four weeks

WORK STATUS: Modified duty

MMI: Eight -- 10 weeks

RESTRICTIONS: Sedentary work only



Steven P Lissner, MD





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PHYSICAL THERAPY PRESCRIPTION

PATIENT NAME: HICKS, CIRO
DIAGNOSIS: s/p right shoulder/bicep rupture
FREQUENCY: 2-3

DATE: 11/07/09

NO. OF WEEKS: 4

INITIAL PREFERENCE OF TREATMENT:

☐ **EVALUATE AND TREAT**

☐ Hot/Cold Packs

☐ Ultra Sound

☐ Phonophoresis

☐ Iontophoresis

☐ Electric Stim.

☐ Traction

☐ Tens

☐ Massage

☐ Whirlpool

☐ Cryotherapy

☐ Paraffin

☐ Resisted Exercises

☐ Stretching Exercises

☐ Joint Mobilization

☐ Ergonomics/ADL

☐ Neck Program

☐ Back Program

☐ Williams Flexion

☐ McKenzie Extension

☐ Back School

☐ Other:

☐ **RANGE OF MOTION**

☐ PROM

☐ AAROM

☐ AROM

☐ **GAIT TRAINING**

☐ NWB

☐ PWB

☐ WBAT

☐ FWB

☐ Home Exercise Program

☐ Progress as tolerated

☐ **TESTING**

☐ Cybex Evaluation

☐ Cybex Training

☐ Comparative Muscle Test:

☐ Impairment Rating:

☐ Physical Capacity Test:

Comments/Precautions: continue pt program

Physician's Signature:

Steven P Lisser, MD

Fax Created - Dated Aug 19 2009 8:55AM

Fax Created - Dated Nov 18 2009 1:25PM



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PT INITIAL EXAMINATION

PATIENT NAME: HICKS, CIRO

DATE OF SERVICE: 12/03/09

DATE OF BIRTH: [REDACTED]

AGE: 58 years old

Diagnosis

- Rotator cuff tear right shoulder
- Proximal biceps rupture right shoulder

Current Medications: flomax

lexapro (SIG: poqd)

lisinpril

Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)

percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)

Allergies:

.No Known Drug Allergies

PAST HISTORY:

Illnesses:

Heart Disease

Hyperlipidemia

Prostate Cancer: enlargement prostate

Operations:

Appendectomy

Foot: broke left

knee replacement: right 2005?

Social History:

Alcohol - Denies

Children

Employment: Full Time

Exercise - < 3 X per week

Marital Status: Married

Tobacco: Cigarettes <1 PPD

Family History:

Diabetes

Subjective Examination: This patient is a 58-year-old male status post right rotator cuff and biceps tendon repair from July 1, 2009. Patient is right hand dominant. He originally sustained his injury on April 23, 2009 while at work. Patient is out of work as a tugboat captain. He began six visit to physical therapy in September but had two bouts of the flu which put his therapy on hold. Also delays in his authorization were contributing factors. Patient complains of his right arm feeling weak and he is anxious to return to work which is scheduled to be authorized after he completes this course of physical therapy. Patient is concerned that he will need to pass a Coast Guard physical examination which will require him to push 125 pounds as well as pull up out of the water a 200 pound object.

Objective: Functional shoulder mobility's show internal rotation right to L2, left T10, external rotation right T2, left T3, shoulder opposition right anterior left lateral.

Left shoulder range of motion shows flexion active 165°, passive 170°, abduction 162°, internal rotation 70°,

Report Date: December 15, 2010 **Patient:** Hicks, Ciro **DOS:** 12/03/09

external rotation 82°, with 4/5 strength.

Right shoulder range of motion shows flexion active 135°, passive 140°, abduction 145°, internal rotation 50°, external rotation 60°, with 3+/5 strength and pain upon resisted flexion abduction and external rotation.

Treatments: Patient received moist heat followed by instructions in pendulum and active and active assisted range of motion exercises that he will continue with at home. We concluded that such with ice.

Assessment: Patient with decreased range of motion strength and function of the right upper extremity secondary to rotator cuff and biceps tendon repair. Rehabilitation potential is excellent over the next 30 days. Patient acknowledges good understanding of all instructions given.

Goals:

1. Achieve full active range of motion
2. Improved strength one grade bilaterally
3. Improve functional mobility
4. Have patient be able to push and pull objects as required for Coast Guard examination
5. Return to full active duty at work.

Plan: Recommend physical therapy twice a week for the next four weeks

Therapeutic Contents: Physical therapy for modalities, joint mobilizations, active and active assisted range of motion exercises, scapula stabilization exercises, shoulder strengthening exercises, conditioning exercises, functional training activities for pushing and pulling, and the development of a home exercise program.

Christian P. Cacere P.T.

Christian Cacere, PT 40QA00362600



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PT DAILY NOTE

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]
AGE: 58 years old

DATE OF SERVICE: 12/08/09

Diagnosis
-Rotator cuff tear right shoulder
-Proximal biceps rupture right shoulder

Subjective Examination: Patient states his right is sore today. He is doing well at his exercises at home.

Objective: TREATMENT: Patient received modalities, followed by joint mobilizations, active and active assisted range of motion exercises as well as upper extremity conditioning exercises.

Assessment: Patient tolerated therapy treatment session well. Advised him to continue with his present home exercise program.

Plan: Will progress on initial scapula stabilization and Theraband strengthening exercises at next treatment session.

Christian P. Cecere P.T.

Christian Cecere, PT 40QA00362600



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FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 12/09/09
REFERRING PHYSICIAN: Hyppolite, David,

AGE: 58 years old

Workers Comp #: 7045
Accident Date: 04/21/2009

CHIEF COMPLAINT: DOS 7/1/09, right shoulder follow up. kc

HPI: Patient had delay in physical therapy pending or authorization

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)
Allergies: .No Known Drug Allergies

ROS:
General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:
Physical Examination right Shoulder:

Appearance: No deformity
Skin: Intact, no lesions, no swelling
Palpation: No focal tenderness

Shoulder Range of Motion:

	Active	Passive (Equal to Active unless noted)
Flexion:	120	140
Abduction:		
External Rotation 90:		
External Rotation 0:	30	
Internal Rotation:	S1	

Stability: Normal

Report Date: December 15, 2010 **Patient:** Hicks, Ciro **DOS:** 12/09/09

Strength: Supraspinatus: 4/5 Infrapinatus: Deltoid: 5/5 Biceps: 5/5
Pain with Resistance Testing: Mild

Impingement Sign: Mild positive

Distal Neuro-Vascular Function: Normal

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Proximal biceps rupture right shoulder
-Rotator cuff tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN: **Assessment:** Slow progress and delay in physical therapy. Anticipate continuing physical therapy minimum 8 more weeks for additional strengthening and range of motion

- Increased activity level as tolerated
- Reassessment four weeks

WORK STATUS: Modified duty

MMI: Anticipated eight weeks

RESTRICTIONS: No overhead use right arm, maximum lifting 10 pounds right arm



Steven P Lisser, MD



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PT DAILY NOTE

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]
AGE: 58 years old

DATE OF SERVICE: 12/10/09

Diagnosis

- Proximal biceps tear right shoulder
- Rotator cuff tear right shoulder

Subjective Examination: Patient noticed no complaints of pain or instability to the right shoulder. He continues to do well his exercises at home.

Objective: TREATMENT: Patient received modalities followed by joint mobilizations, active and active assisted range of motion exercises as well conditioning exercises.

Today we added green Theraband strengthening exercises and scapula ball stabilization exercises that he will continue with at home.

Assessment: Patient tolerated therapy treatment session well. I advised him to continue to his exercises at home. Patient acknowledges good understanding of all instructions given.

Plan: PT will progress patient over the scapula stabilization and functional strengthening activities.

Christian P. Cecere P.T.

Christian Cecere, PT 40QA00362600



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PT DAILY NOTE

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]
AGE: 58 years old

DATE OF SERVICE: 12/15/09

Diagnosis
-Labral tear right shoulder
-Proximal biceps rupture right shoulder

Subjective Examination: Patient still complains of right shoulder discomfort.

Objective: TREATMENT: P.T. continues with activities, as outlined on exercise flowsheet.

Assessment: Patient tolerated therapy treatment session well.

Plan: P.T. will continue with present treatment plan and progress as tolerated.

Christian P. Cecere P.T.

Christian Cecere, PT 40QA00362600



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Phone Message

Message To: Patricia, Licalsi
Message From: Barruos Amanda
Message Date: 12/21/09

Treating Physician

<input type="checkbox"/> Anthony J Costa, MD	<input type="checkbox"/> Steven P Friedel, MD	<input type="checkbox"/> Edmund R Kappy, MD, FACS
<input type="checkbox"/> Steven P Lisser, MD	<input type="checkbox"/> Daniel J Mulholland, MD	<input checked="" type="checkbox"/> Bernard P Murphy, MD, FACS
<input type="checkbox"/> Arthur H Phair, MD	<input type="checkbox"/> Keith M Rinkus, MD	<input type="checkbox"/> Lon A Weiner, MD
<input type="checkbox"/> Randall L Braddom, MD	<input type="checkbox"/> Glenn M Forman, MD	<input type="checkbox"/> Michael A Romello, MD

PATIENT NAME: HICKS, CIRO
Home Phone: (732)615-9248 **Work Phone:**

Message:
Needs note stating that he has no restrictions from knee replacement for the coast guard. Pls fax to 732-615-9227

Response:
note faxed

Saved and Finished By:
Patricia Licalsi / 6:41 PM December 21, 2009



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WORK RELEASE NOTE

Patient Name: CIRO HICKS

DOB: 07/16/1951

Date: 12/21/09

Diagnosis:

- () Return to Work** **Date:**
(X) No Restrictions for coast
guard after knee surgery
- () With Restrictions:**
- () No Work until further notice.**

Return Visit Days Weeks

Signature:

Bernard P. Murphy, M.D.



Supplementary Report of Disability

HO8W - Group Disability Management Services

Mutual of Omaha Insurance Company

United of Omaha Life Insurance Company

Mutual of Omaha Plaza, Omaha, NE 68175

Fax (402) 997-1865

Customer Service 1-800-877-5176

Claim # 250901863301



Mutual of Omaha

(This form is to be completed without expense to the Company and returned by _____.)

To Be Completed By Insured Employee**(To Avoid Delay Please Answer All Questions)**Policy Number GUPR 367KClaim Number 250901863301

Insured's

full name CIRD CHARLES HICKS

Date of

birth [REDACTED]Male ☒Sex: Female ☐Home address 5 CHANOWICH CT MIDDLETOWN NJ 07748Phone 732-615-9248

Are you currently:

(a) totally disabled? ☒ Yes ☐ No From APRIL, 2009 to _____, 20____(b) partially disabled? ☐ Yes ☐ No From _____, 20____ to _____, 20____

If partially disabled, when do you expect to resume the majority of your duties? _____, 20____

If currently working, name and address of employer _____

Describe any change in condition _____

If you have recently been hospitalized, please furnish the names and addresses of the hospitals and the dates you were confined

No

What was your last date of medical treatment? _____

If you have undergone X-rays, examinations, treatment or diagnostic work that you have not previously advised us of, please furnish us with the names and addresses of the facilities that provided the services and the dates of the services.

Describe your daily activities since our last report TV, PHYSICAL THERAPY EXERCISES

Are you now eligible for, have you applied for or are you now receiving income benefits from:

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Social Security Disability/Retirement	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pension Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	State Cash Sickness Plan (UCD, TDB, DBL)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers' Compensation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unemployment Compensation			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any other disability/retirement benefit (federal, state, etc.)						

If answer is "Yes" to any of the above, please give details including date applied, amounts received, effective date, and the name of company, organization or government agency from which benefits are being received.

Authorization To Release Claim Information

To Mutual of Omaha Insurance Company (Mutual of Omaha)

To United of Omaha Life Insurance Company (United of Omaha)

To Any: Physician, hospital, pharmacist or other provider of health care services; insurer; employer; group policyholder; government agency; consumer reporting agency; acquaintance; policy or benefit plan administrator;

You may give Mutual of Omaha/United of Omaha information about CIRD CHARLES HICKS
health, work status or health coverage. (Claimant's Name)

You may also give this information on Mutual of Omaha's/United of Omaha's behalf to: (a) the claim investigation department or a consumer reporting agency or (b) the claim department of a policy or benefit plan administrator. Health information means all information about: (1) a physical or mental health condition, (2) medical treatment and supplies and (3) drug or alcohol use, if needed to evaluate my claim.

This information will be used to evaluate my claim for benefits. This form will be valid for the duration of my claim.

A photocopy of this form is as valid as the original.

I will receive a copy of this authorization if I ask for one in writing.

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Date 1/4/2010 Signature of Claimant (if not a minor) [Signature]

Date 1/4/2010 Signature of Insured [Signature]

GUPR 367K VANE BUNKERING

Policy Number Employer

0461000200

Claim # 250901863301

To Be Completed By The Attending Physician**General Information**

This claim is for (Patient's Name)

CIRO CHARLES HICKS

Dates of Treatment

(a) Date of most recent visit Mo. 12 Day 9, 2009

(b) Frequency Weekly _____ Monthly _____ Other _____

Primary Diagnosis including ICD 9 or DSM code

rupture rotator cuff 727.6 Pain joint shoulder 719.4

Objective Findings

MILD Decrease in joint space of @ shoulder

Are there secondary conditions contributing to the disability?

☐ Yes ☒ No If yes, what are they? (Please include ICD 9 or DSM code.)

Please indicate other types and frequencies of treatment.

Has the patient been referred to a medical rehabilitation or therapy program?

☒ Yes ☐ No If yes, give details.Physical Therapy

Have you referred the patient for other types of consultations?

☐ Yes ☒ No If yes, give details.

Has the patient been hospital confined?

☐ Yes ☒ No If yes, complete the following:7-1-09

Name of Hospital

Riverside MedCenter

Address

Red Bank, NJ 07701

Dates of Confinement

7-1-09 through

Has patient achieved maximum medical improvement?

☒ Yes ☐ No If no, complete the following:

How soon do you expect fundamental changes in the patient's medical condition?

☐ 1 - 2 months☐ 5 - 6 months☐ 3 - 4 months☐ more than 6 months

What is your medical prognosis for recovery?

Comments:

In an eight hour workday, claimant can: (Circle full hourly capacity for each activity)

Sit 1 2 3 4 5 6 7 8

Stand 1 2 3 4 5 6 7 8

Walk 1 2 3 4 5 6 7 8

Are there restrictions in:

Yes

No

Comments

Lifting/Carrying

☐☐# Restriction: max lifting 10 lbs w/ @ arm

Use of hands in repetitive actions

☐☐

Use of feet in repetitive movements

☐☐

Bending

☐☐

Squatting

☐☐

Crawling

☐☐

Climbing

☐☐

Reaching above shoulder level

☐☐

Other (please specify)

☐☐NO overhead use of @ armAre there any psychological restrictions or limitations: ☐ Yes ☒ No If yes, please specify.

What is the current Global Assessment of Functioning?

The past year?

Would you release the patient to pursue vocational rehabilitation? ☐ Yes ☒ No

Your Name

Steven Lisser

Degree

Specialty

Orthopaedic

Telephone: (732) 741-2313

Fax: (732) 741-1952

Address

20 Oak Hill Road Red Bank NJ 07701

Signature of Attending Physician (no stamp)

Date

1-6-10

0462000200



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FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 01/15/10
REFERRING PHYSICIAN: Hyppolite, David,

AGE: 58 years old

Workers Comp #: 7045
Accident Date: 04/21/2009

CHIEF COMPLAINT: DOS 7/1/09 Right shoulder follow up. kc

HPI: Reports gradual improvement, limited therapy since his last visit due to unrelated medical illness.

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)

Allergies: .No Known Drug Allergies

ROS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:

Right shoulder active elevation 150°, supraspinatus strength 5-/5.

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Proximal biceps rupture right shoulder
-Rotator cuff tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN: Continue physical therapy 2 more weeks and then home exercises. Reassessment six weeks with anticipated MMI and return to full duty at that time.

WORK STATUS: Modified duty



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PHYSICAL THERAPY PRESCRIPTION

PATIENT NAME: HICKS, CIRO
DIAGNOSIS: s/p right shoulder/bicep rupture
FREQUENCY: 2-3

DATE: 01/15/10

NO. OF WEEKS: 4

INITIAL PREFERENCE OF TREATMENT:

☐ **EVALUATE AND TREAT**

- ☐ Hot/Cold Packs
- ☐ Ultra Sound
- ☐ Phonophoresis
- ☐ Iontophoresis
- ☐ Electric Stim.
- ☐ Traction
- ☐ Tens
- ☐ Massage
- ☐ Whirlpool
- ☐ Cryotherapy
- ☐ Paraffin
- ☐ Resisted Exercises
- ☐ Stretching Exercises
- ☐ Joint Mobilization
- ☐ Ergonomics/ADL
- ☐ Neck Program
- ☐ Back Program
- ☐ Williams Flexion
- ☐ McKenzie Extension
- ☐ Back School
- ☐ Other:

☐ **RANGE OF MOTION**

- ☐ PROM
- ☐ AAROM
- ☐ AROM

☐ **GAIT TRAINING**

- ☐ NWB
- ☐ PWB
- ☐ WBAT
- ☐ FWB
- ☐ Home Exercise Program
- ☐ Progress as tolerated

☐ **TESTING**

- ☐ Cybex Evaluation
- ☐ Cybex Training
- ☐ Comparative Muscle Test:

☐ Impairment Rating:

☐ Physical Capacity Test:

Comments/Precautions: continue pt program

Physician's Signature:

Steven P Lisser, MD

Fax Created - Dated Aug 19 2009 8:55AM

Fax Created - Dated Nov 18 2009 1:25PM



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FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 03/08/10
REFERRING PHYSICIAN: Hyppolite, David,

AGE: 58 years old

Workers Comp #: 7045
Accident Date: 04/21/2009

CHIEF COMPLAINT: DOS 7/1/09 Left shoulder/bicep. kc

HPI: Reports residual pain in the right shoulder, has not had any additional physical therapy

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)

Allergies: .No Known Drug Allergies

ROS:
General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin
and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:
Painful range of motion primarily in adduction.

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Proximal biceps rupture right shoulder
-Labral tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN: Residual pain right shoulder. Recommend further physical therapy since he has not completed full therapy protocol.

WORK STATUS: Modified duty



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PHYSICAL THERAPY PRESCRIPTION

PATIENT NAME: HICKS, CIRO
DIAGNOSIS: s/p right shoulder/bicep rupture
FREQUENCY: 2-3

DATE: 03/08/10

NO. OF WEEKS: 4

INITIAL PREFERENCE OF TREATMENT:

☐ **EVALUATE AND TREAT**

☐ Hot/Cold Packs

☐ Ultra Sound

☐ Phonophoresis

☐ Iontophoresis

☐ Electric Stim.

☐ Traction

☐ Tens

☐ Massage

☐ Whirlpool

☐ Cryotherapy

☐ Paraffin

☐ Resisted Exercises

☐ Stretching Exercises

☐ Joint Mobilization

☐ Ergonomics/ADL

☐ Neck Program

☐ Back Program

☐ Williams Flexion

☐ McKenzie Extension

☐ Back School

☐ Other:

☐ **RANGE OF MOTION**

☐ PROM

☐ AAROM

☐ AROM

☐ **GAIT TRAINING**

☐ NWB

☐ PWB

☐ WBAT

☐ FWB

☐ Home Exercise Program

☐ Progress as tolerated

☐ **TESTING**

☐ Cybex Evaluation

☐ Cybex Training

☐ Comparative Muscle Test:

☐ Impairment Rating:

☐ Physical Capacity Test:

Comments/Precautions: continue pt program

Physician's Signature:

Steven P Lisser, MD

Fax Created - Dated Aug 19 2009 8:55AM

Fax Created - Dated Nov 18 2009 1:25PM



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FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 04/26/10
REFERRING PHYSICIAN: Hyppolite, David,

AGE: 58 years old

Workers Comp #: 7045
Accident Date: 04/21/2009

CHIEF COMPLAINT: DOS 7/1/09 Right shoulder follow up. kc

HPI: Reports persistent pain and weakness in his right shoulder which has not improved or other over the past several months and is limiting his ability to use the arm in any overhead positions and for heavier lifting in any position .

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)

Allergies: .No Known Drug Allergies

ROS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:

Physical Examination right Shoulder:

Appearance: No deformity
Skin: Intact, no lesions, no swelling
Palpation: Anterior tenderness

Shoulder Range of Motion:

	Active	Passive (Equal to Active unless noted)
Flexion:	150	
Abduction:		
External Rotation 90:		
External Rotation 0:	30	
Internal Rotation:	L5	

Report Date: August 18, 2010 **Patient:** Hicks, Ciro **DOS:** 04/26/10

Stability: Normal

Strength: Supraspinatus: 4/5 Infraspinatus: 4/5 Deltoid: 5/5 Biceps: 5/5
Pain with Resistance Testing: Moderate

Impingement Sign: Positive

Distal Neuro-Vascular Function: Normal

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Proximal biceps rupture right shoulder
 -Labral tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN:

- **Assessment :** Persistent shoulder pain and functional impairment which have not shown further improvement over the past several months and has not improved as anticipated following surgery.
- **Recommendations:** Follow-up MRI scan to assess healing
- **Return to Office:** After MRI scan

WORK STATUS: Modified duty

MMI: Minimum four weeks

RESTRICTIONS: Sedentary work only



Steven P Lisser, MD



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MRI REQUISITION

Provider Name: Steven P. Lisser, M.D.

Patient: CIRO HICKS DOB: 0 [REDACTED]
Home Phone: (732) 615-9268

Requisition Date: April 26, 2010

DIAGNOSIS: .MRI Requisition

<input type="checkbox"/> Cervical Spine		
<input type="checkbox"/> Thoracic Spine		
<input type="checkbox"/> Lumbar Spine		
<input type="checkbox"/> Lumbar Spine Ltd		
<input checked="" type="checkbox"/> Shoulder	RT (X)	LT ()
<input type="checkbox"/> Shoulder/arthrogram	RT ()	LT ()
<input type="checkbox"/> Hip	RT ()	LT ()
<input type="checkbox"/> Knee	RT ()	LT ()
<input type="checkbox"/> Other	RT ()	LT ()

Please send report to:

Comments:

DX: RC TEAR ,BICEP REPAIR

Signed:

Steven P Lisser, MD



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Phone Message

Message To: Lisser, M.D., Steven P.
Message From: Papagiannakis Cassandra
Message Date: 04/26/10

Treating Physician

() Anthony J Costa, MD	() Steven P Friedel, MD	() Edmund R Kappy, MD, FACS
() Steven P Lisser, MD	() Daniel J Mulholland, MD	() Bernard P Murphy, MD, FACS
() Arthur H Phair, MD	() Keith M Rinkus, MD	() Lon A Weiner, MD
() Randall L Braddom, MD	() Glenn M Forman, MD	() Michael A Romello, MD

PATIENT NAME: HICKS, CIRO
Home Phone: (732) 615-9268
Work Phone:

Message:
SPOKE W/TERESA CASE MANAGER SINCE THE PATIENT IS NOT BE COMPLIANT WITH GOING FOR PHYSICAL THERAPY, SHE IS RELEASING SURVEILLANCE VIDEO TO US FOR YOU TO LOOK AT AND GIVE A OPINION, SO SHE WANTS US TO HOLD OFF ON THE PHYSICAL THERAPY UNTIL YOU SEE VIDEO AND MAKE YOUR OPINION CASSANDRA

Response:
Okay keep me posted

Saved and Finished By:
Lisser, M.D. Steven / 5:43 PM April 26, 2010



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Phone Message

Message To: Lisser, M.D., Steven P.
Message From: Papagiannakis Cassandra
Message Date: 05/03/10

Treating Physician

() Anthony J Costa, MD	() Steven P Friedel, MD	() Edmund R Kappy, MD, FACS
() Steven P Lisser, MD	() Daniel J Mulholland, MD	() Bernard P Murphy, MD, FACS
() Arthur H Phair, MD	() Keith M Rinkus, MD	() Lon A Weiner, MD
() Randall L Braddom, MD	() Glenn M Forman, MD	() Michael A Romello, MD

PATIENT NAME: HICKS, CIRO
Home Phone: (732) 615-9248 **Work Phone:**

Message:

TERESA SMITH WOULD LIKE TO KNOW WHEN SHE COULD DROP OFF THE VIDEO OF THE PATIENT FOR YOU TO LOOK AT, BECASUE SHE WOULD LIKE TO WAIT WHILE YOU VIEW IT AND TAKE THE VIDEO BACK AND THE REPORT LET ME KNOW

Response:

Tomorrow afternoon

Saved and Finished By:

Lisser, M.D. Steven / 3:50 PM May 03, 2010



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FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 05/07/10
REFERRING PHYSICIAN: Hyppolite, David,

AGE: 58 years old

Workers Comp #: 7045
Accident Date: 04/21/2009

CHIEF COMPLAINT: dos 7/1/2009 righth shoulder km

HPI: Patient is seen today to review status with his right shoulder. He continues to report pain and weakness which limit function. I discussed with the patient that I have reviewed video showing and doing strenuous work around his house using his right arm which are not consistent with his complaints and physical exam findings in the office. I also reviewed with him that physical therapy visits have indeed been authorized contrary to his statements.

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)

Allergies: .No Known Drug Allergies

ROS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine are normal except for what is noted:

No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:

Patient continues to report pain which shoulder range of motion

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Proximal biceps rupture right shoulder
-Rotator cuff tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN: Based upon the materials I have referenced above no additional treatment for the right shoulder injury is recommended. Also based upon these materials is my opinion that the patient should have adequate

Report Date: August 18, 2010 **Patient:** Hicks, Ciro **DOS:** 05/07/10

function with his right shoulder to perform his work activities as described in his job description.

WORK STATUS: Full duty

MMI: 5/7/2010

RESTRICTIONS: None

A handwritten signature in black ink, appearing to read 'Steven P Lisser', with a horizontal line underneath it.

Steven P Lisser, MD

14:15 MAY 13, 2010 ID: VANE BROTHERS

FAX NO: ###-####

#124184 PAGE: 5/6

05/07/2010 15:39 FAX

004/005



ORTHOPAEDIC, SPORTS MEDICINE AND REHABILITATION CENTER, P.A.

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80 Oak Hill Road
Red Bank, New Jersey 07701
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Marlboro Office
Kilmer Professional Park - Building 3
25 Kilmer Drive - Suite 105
Morganville, New Jersey 07751
Phone 732-617-8111 / Fax 732-617-5959

www.orthocenter.com

FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 05/07/10
REFERRING PHYSICIAN: Hyppolite, David,

AGE: 58 years old

Workers Comp #: 7045
Accident Date: 04/21/2009

CHIEF COMPLAINT: dos 7/1/2009 right shoulder km

HPI: Patient is seen today to review status with his right shoulder. He continues to report pain and weakness which limit function. I discussed with the patient that I have reviewed video showing and doing strenuous work around his house using be right arm which are not consistent with his complaints and physical exam findings in the office. I also reviewed with him that physical therapy visits have indeed been authorized contrary to his statements.

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)
Allergies: .No Known Drug Allergies

ROS:
General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin
and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:
Patient continues to report pain which shoulder range of motion

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Proximal biceps rupture right shoulder
-Rotator cuff tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN: Based upon the materials I have referenced above no additional treatment for the right shoulder injury is

14:16 MAY 13, 2010 ID: VANE BROTHERS

FAX NO: ###-###

#124184 PAGE: 6/6

05/07/2010 15:39 FAX

005/005


Report Date: May 07, 2010 Patient: HICKS, CIRO DOS: 05/07/10

recommended. Also based upon these materials is my opinion that the patient should have adequate function with his right shoulder to perform his work activities as described in his job description.

WORK STATUS: Full duty

MMJ: 5/7/2010

RESTRICTIONS: None



Steven P Lisser, MD

14:14 MAY 13, 2010 ID: VANE BROTHERS

FAX NO: ###-###

#124184 PAGE: 4/6

05/07/2010 15:39 FAX

003/005

DANMAR ASSOCIATES

Disability Case Management • Vocational Rehabilitation Services

Swedesford Corporate Center
631-B Swedesford Road
Pottsville, PA 19355
610-993-9941
610-993-9902 fax

JOB ANALYSIS

Company: Vane Line Bunkering

Job Title: Captain/Mate

The following are based upon a 2 week on, 2 week off schedule, working 2 6-hour shifts over a 24-hour period i.e., 6 hours on, 6 hours off, 6 hours on, 6 hours off.

	Occasionally (Up to 33%)	Frequently (34% - 66%)	Continuously (67% - 100%)	Never
LIFT				
0-10 lbs.	X			
11-20 lbs.	X			
21-50 lbs.				X
51-100 lbs.				X
CARRY				
0-10 lbs.	X			
11-20 lbs.	X			
21-50 lbs.				X
51-100 lbs.				X
STAND		X		
WALK	X			
SIT	X			
PUSH	X			
PULL	X			
CLIMB	X			
BEND	X			
KNEEL				X
TWISTING				X
CRAWL				X
REACH		X		
HANDLE		X		
FINGER		X		

Environmental Conditions: Inside (80%) Outside (10%) Temp. Range varies w/weather conditions.

Fumes/Dust: Minimum () Moderate (X) Severe ()

Noise Level: Minimum () Moderate (X) Severe ()

Protective Clothing/Personal Devices: Safety shoes and hearing protection.

Job Analysis Completed By: Danmar Associates
Reviewed By: Vane Line Bunkering

Date: 11/7/05

Date: 11/8/05

APPROVED/Signature of Physician



Date: 5/7/10

DISAPPROVED/Signature of Physician

Date:

Job Analysis/Vane Bros/Captain/Mate/iv

14:14 MAY 13, 2010 ID: VANE BROTHERS

FAX NO: ###-###

#124184 PAGE: 3/6

05/07/2010 15:38 FAX

002/005

2010-05-06 12:50 HSI ~ TAS

7324778818 >>



VANE LINE BUNKERING, INC.

Dear Doctor, Please initial the appropriate status, sign/print, date and return form. Thank you.

"Fit/Not Fit for Duty"

Name: Mr. Ciro "Charles" Hicks

DOB: 16 July 1951

DOI: 21 April 2009

SPL (Physician Initials) Mr. Ciro "Charles" Hicks is "fit for duty" and can return to work without this restriction on 5-16-10, as a Mate.

_____ (Physician Initials) I have reviewed the job description * for a Captain / Mate.

_____ (Physician Initials) Mr. Ciro "Charles" Hicks does NOT require any medications that may influence safety, alertness or ability to perform all job tasks.

_____ (Physician Initials) I have reviewed the portion of the United States Coast Guard NVIC* that was provided on potentially disqualifying issues.

_____ (Physician Initials) Mr. Ciro "Charles" Hicks is "not fit for duty" and cannot return to work as a Mate at this time.

Dr. Steven P. Liss, M.D. 732-741-2313
(Please Print Name) (Contact Phone #)

Signature

5.7.10

Date

Please fax completed form to the attention:

Claims Department 410-735-8271

Email to InsClaimsMktg@vanebros.com

Teresa A. Smith, RN, MSN 732-477-8818

*The attached job description for the Merchant Mariner is a United States Coast Guard regulated position; therefore, we are also providing information from the USCG Navigation and Vessel Inspection Circular (NVIC 04-08) for your review. If you wish to review the NVIC in entirety, please visit: <http://www.uscg.mil/hq/cg/nvics/2008s.asp#2008>

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ORTHOPAEDIC, SPORTS MEDICINE AND REHABILITATION CENTER, P.A.

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Fellowship Trained
Joint Replacement & Reconstruction

Steven P. Friedel, MD

Board Certified Orthopaedic Surgeon

Alfred D. Grelman, MD, FACS

Board Certified Orthopaedic Surgeon
Fellowship Trained in Physical Medicine
& Rehabilitation
Teaching Faculty NYU
Hospital for Joint Diseases

Edmund R. Kappy, MD, FACS

Board Certified Orthopaedic Surgeon
General Orthopaedics
and Arthroscopic Surgery

Steven P. Lissner, MD

Board Certified Orthopaedic Surgeon
Added Qualifications in Surgery of the Hand
Shoulder & Upper Extremity
Sports Medicine and Microsurgery

Daniel J. Mulholland, MD

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Knee and Shoulder
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Joint Replacement

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Randall L. Braddon, MD

Board Certified Physiatrist
Physical Medicine & Rehabilitation

Glenn M. Forman, MD

Board Certified Physiatrist
Physical Medicine & Rehabilitation

Michael A. Romello, MD

Board Certified Physiatrist
Fellowship Trained in Interventional
Pain Management

PATIENT NAME _____ DATE _____
CLAIM# _____ EMPLOYER _____
INSURANCE CO. _____ FAX _____
ATTN: _____

I HAVE SEEN THE ABOVE CATIONED PATIENT IN MY
OFFICE TODAY

DIAGNOSIS: *Left Cuff Tendinitis*

RECOMMENDATIONS _____

☒ RETURN TO WORK-NO RESTRICTIONS DATE _____

☐ RETURN TO WORK-WITH RESTRICTIONS DATE _____

☐ NO WORK DATE FROM _____ THRU _____
REQUEST JOB DESCRIPTION TO DETERMINE ABILITY
TO RETURN TO WORK

SPECIFIC WORK RESTRICTIONS

☐ SEDENTARY WORK ONLY

☐ NO LIFTING OVER 10, 25 50 75, 100LBS

☐ NO WORK REQUIRING USE OF ARMS ABOVE
SHOULDER LEVEL

☐ NO WORK REQUIRING REPETITIVE OR PROLONGED
KNEELING, SQUATTING OR CLIMBING

☐ NO WORK REQUIRING REPETITIVE OR PROLONGED
WALKING AND/OR STANDING

NEXT VISIT _____

PHYSICIAN SIGNATURE *[Signature]*

Middletown Office

80 Oak Hill Road

Red Bank, New Jersey 07701

Phone 732-741-2313 / Fax 732-741-7154

www.orthocenter.com

Marlboro Office

Kilmer Professional Park - Building 3

25 Kilmer Drive - Suite 105

Morganville, New Jersey 07751

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Marlboro Office
Kilmer Professional Park - Building 3
25 Kilmer Drive - Suite 105
Morganville, New Jersey 07751
Phone 732-617-9111 / Fax 732-617-5959

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FOLLOW UP EXAMINATION

PATIENT NAME: HICKS, CIRO
DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 06/08/10
REFERRING PHYSICIAN: Hyppolite, David,

AGE: 58 years old

Workers Comp #: 7045
Accident Date: 04/21/2009

CHIEF COMPLAINT: DOS 7/1/09 Right shoulder follow up. kc

HPI: Reports persistent pain left shoulder

Current Medications: flomax
lexapro (SIG: poqd)
lisinpril
Percocet (Dosage: 5/325 mg SIG: 1 tab po q 4-6 hrs prn pain Dispense: 20 Refills: 0)
percocet (Dosage: 5/325 mg SIG: 1 tab poq6h Dispense: 20 Refills: 0)

Allergies: .No Known Drug Allergies

ROS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine are normal except for what is noted:
No data for Review of Systems

VITAL SIGNS: No data for Vitals

PHYSICAL EXAM:

Left shoulder with limited active range of motion.

RADIOLOGY:

PROCEDURES:

DIAGNOSIS: -Proximal biceps rupture right shoulder
-Rotator cuff tear right shoulder

PRESCRIPTION: No data for Prescription

PLAN:

Reviewed with patient that I did not recommend any further treatment.

To: Steven P. Friedel, From: Medical Records

10/30/2010 10:46:41 AM Page 2 of 3

MERIDIAN HEALTH	NAME: Hicks, Ciro
RIVERVIEW MEDICAL CENTER	MR #: 000000858896
ORTHOPEDIC CONSULTATION REPORT	AGE: 59
PATIENT LOCATION : CPLXCP391B	

ORTHOPEDIC CONSULT

Name: Hicks, Ciro
MR #: 000000858896
DOB: [REDACTED]
AGE: 59
SEX: M

DATE OF CONSULTATION: 10/28/2010
CONSULTING PHYSICIAN: Steven P. Friedel, MD
ATTENDING PHYSICIAN: David Hyppolite, MD
REQUESTING PHYSICIAN: David Hyppolite, MD

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: 59 year old male with right shoulder pain. He is admitted for pericardial chest disease and on appropriate ward for same but during this timeframe describes ongoing right shoulder symptomatology. Pain is in the area of the right shoulder associated with activity, heavy lifting, etc.

PAST MEDICAL HISTORY: Significant for right shoulder rotator cuff repair July of 2009. Now has some persistent and recurrent symptomatology.

PHYSICAL EXAMINATION: Pleasant male appearing stated age. Has limited forward flexion and abduction only to about 110 degrees. Positive impingement sign. Mild weakness with external rotation. Negative apprehension sign. Minimal tenderness at AC joint. ~~No tenderness to group.~~ Tenderness in anterior aspect.

LABORATORY DATA: Copy of MRI report from October 22, 2010 that shows a rotator cuff tear 1.8 cm in length with some retraction.

IMPRESSION: Persistent right shoulder pain, recurrent first new rotator cuff tear.

PLAN: Options and concerns discussed with the patient. Given his ongoing symptomatology, would consider follow up with his treating surgeon for reevaluation and consideration of other options. Thorough evaluation comparing the new and old MRIs would be warranted and possible additional treatment options would be discussed. This may include continued nonoperative treatment, injection or possible repeat surgery. He understands and will be referred back to Dr. Steven Lisser who is his treating surgeon.

ORTHOPEDIC CONSULTATION REPORT

Page 1 of 2

Copy to Steven P. Friedel, MD

Hicks, Ciro
000000858896

10: Steven P. Friedel, From: Medical Records

10/30/2010 10:47:22 AM Page 3 of 3

MERIDIAN HEALTH	NAME: Hicks, Ciro
RIVERVIEW MEDICAL CENTER	MR #: 000000858896
ORTHOPEDIC CONSULTATION REPORT	AGE: 59
PATIENT LOCATION : CPLXCP391B	



Steven P. Friedel, MD

SPF/gp

Job #003129952/CS #2647369

D: 10/28/2010 6:33 P

T: 10/30/2010 8:30 A

cc: Steven P. Friedel, MD
David Hyppolite, MD

Orthopaedics, Sports Medicine & Rehabilitation Center,
P.A.
EILEEN DI PIETRO
Legal Coordinator **Telephone Extension 115**

Today's Date: 12-14-10

TO: X-ray Dept.

RE: Ciro Charles Hicks
[REDACTED] [REDACTED]

PLEASE QUOTE THE NUMBER OF FILMS FOR THIS PATIENT.

Last seen 2010

Special Instructions:

THANKS!!!
EILEEN

OF FILMS:

5 MRIS
4 X RAYS
9 TOTAL

X-ray Tech Initials

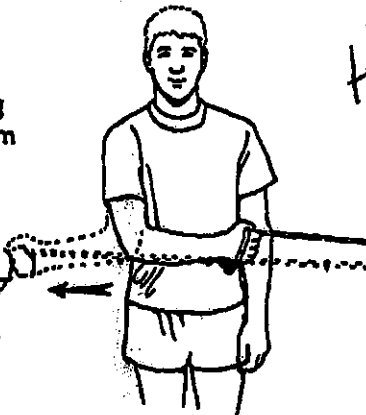
LM

SHOULDER - 43 Strengthening Activities

Active Resistive External Rotation

Using tubing, and keeping elbow in at side, rotate arm outward away from body. Be sure to keep forearm parallel to floor.

Repeat 30 times. 2×15
Do 1 sessions per day.

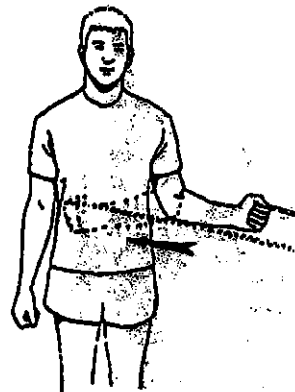


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Active Resistive Internal Rotation

Using tubing, and keeping elbow in at side, rotate arm inward across body. Be sure to keep forearm parallel to floor.

Repeat 30 times. 2×15
Do 1 sessions per day.



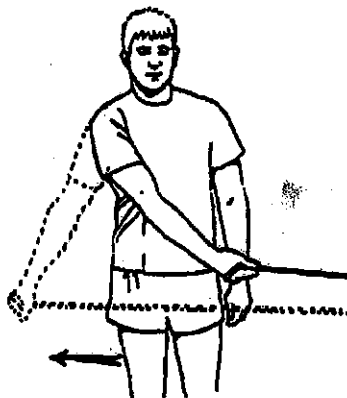
Copyright VHI 1990

SHOULDER - 42 Strengthening Activities

Active Resistive Abduction

Using tubing, start with arm across body and pull away from side. Move through pain free range of motion.

Repeat 30 times. 2×15
Do 1 sessions per day.



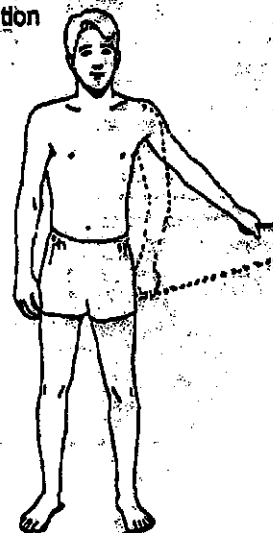
Copyright VHI 1990

SHOULDER - 46 Strengthening Activities

Active Resistive Adduction

Using tubing, pull arm in toward buttock. Do not twist or rotate trunk.

Repeat 30 times. 2×15
Do 1 sessions per day.



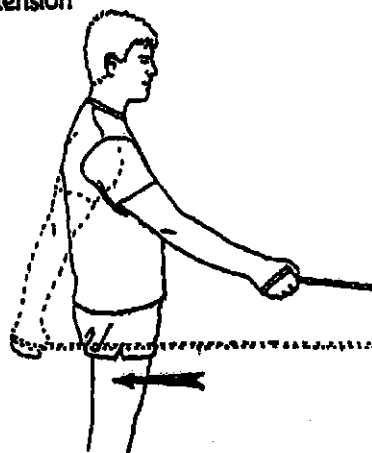
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SHOULDER - 45 Strengthening Activities

Active Resistive Extension

Using tubing, pull arm back. Be sure to keep elbow straight.

Repeat 30 times. 2×15
Do 1 sessions per day.



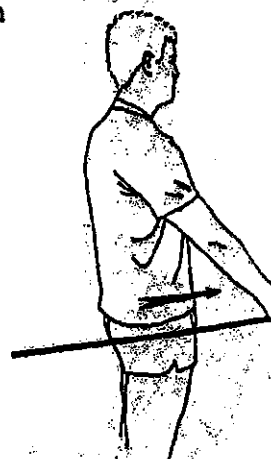
Copyright VHI 1990

SHOULDER - 41 Strengthening Activities

Active Resistive Flexion

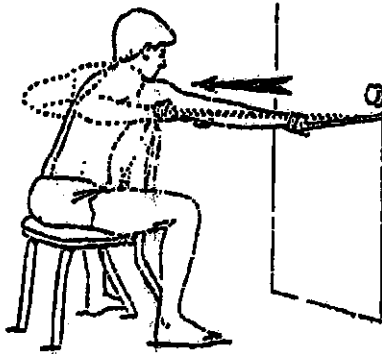
Using tubing, start with arm at side and pull arm outward and upward. Move shoulder through pain free range of motion.

Repeat 30 times. 2×15
Do 1 sessions per day.



Copyright VHI 1990

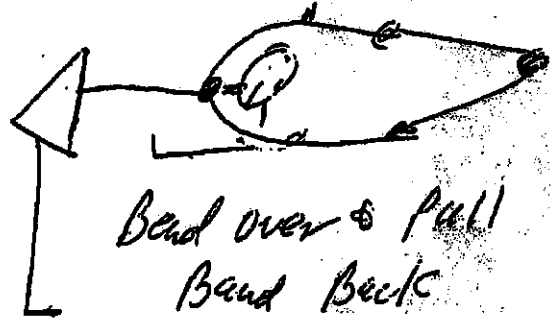
Wrap tubing around both fists. Pull arms back while bringing shoulder blades together as if rowing a boat.



Repeat 1 Repetitions/set.
Do 2 Sets/session.
Do 1 Sessions/day.

Copyright VHI 1992

Lat Pull Backs



Bend over & pull
Band Back

HAND - 35

Active Resistive Elbow Flexion

With tubing wrapped around fist and opposite end secured under foot, curl arm up as far as possible. Lower slowly.



Repeat 30 times. 2x15
Do 1 sessions per day.

Copyright VHI 1990

HAND - 36

Active Resistive Elbow Extension

With tubing wrapped around fist and opposite end secured in doorjamb, straighten elbow.



Repeat 30 times. 2x15
Do 1 sessions per day.

Copyright VHI 1990R

Ball on the Wall

30x (2x15)

SHOULDER - 26

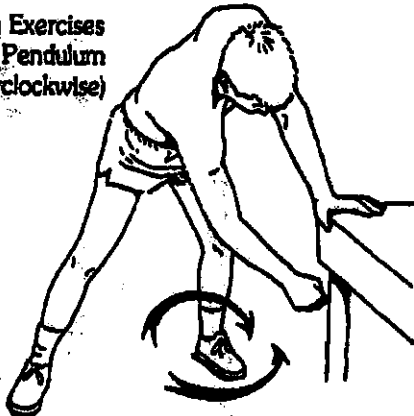
Range of Motion Exercises
(Codman's Exercises); Pendulum
(Clockwise/counterclockwise)

Let arm move in a
circle clockwise,
then counterclockwise
by rocking body weight
in a circular pattern.

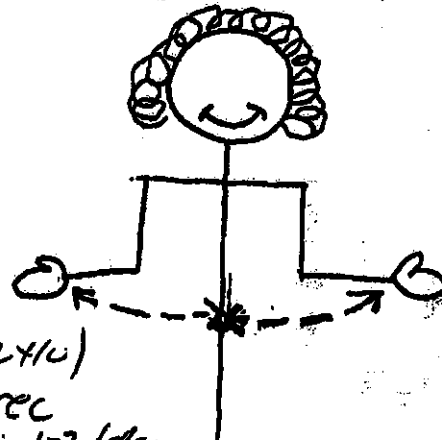
Repeat 20 times.

Do 2 sessions per day.

Copyright VHI 1990



Winged Arm



20 (2x10)

Hold 5 sec

Do 1-2/day

Elbows bent and held to your
side, wing your hands out and in.

2A
Slide Stick up Spine

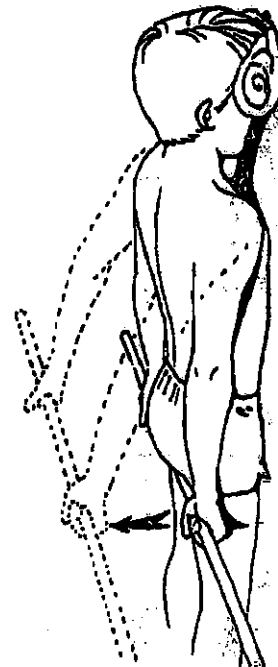
Hold 5 sec

Do 20 Time

Do 1-2 /day



SHOULDER - 6 Range of Motion Exercises
(Wand activities): Extension

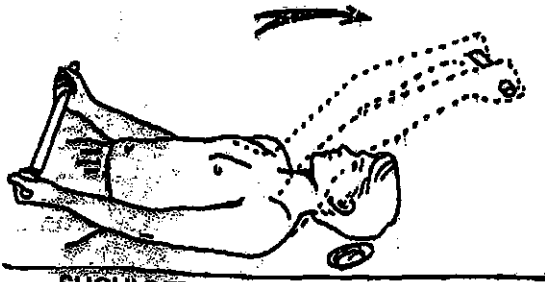


Lift backward from buttocks until a stretch is felt.

Hold 5 seconds. Repeat 20 times.

Do 1-2 sessions per day.

Copyright VHI 1990



SHOULDER - 1

Range of Motion Exercises
(Wand activities): Flexion

Bring wand directly overhead,
leading with uninjured side.
Reach back until you feel a
stretch.

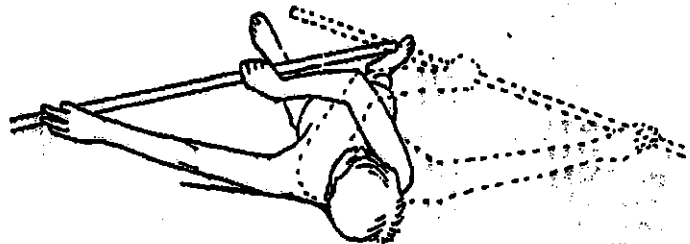
Hold 5 seconds.

Repeat 20 times (2x10)

Do 1-2 sessions per day.

SHOULDER - 5 Range of Motion Exercises

(Wand activities): Horizontal abduction/adduction



Keeping both palms down, push wand across body with
uninvolved side. Then pull back across body, keeping arms
parallel to floor. Do not allow your trunk to twist.

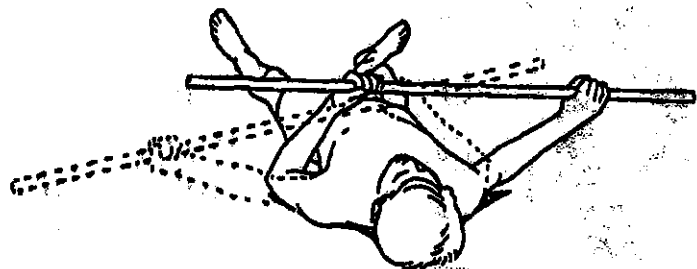
Hold 5 seconds. Repeat 20 times (2x10)

Do 1-2 sessions per day.

Copyright VHI 1990

SHOULDER - 3 Range of Motion Exercises

(Wand activities): External/Internal Rotation



Hold wand with involved side palm up, push with uninjured
side (palm down) out from body while keeping elbow at side
until you feel a stretch. Then pull back across body leading
with uninjured side. Be sure to keep elbows bent.

Hold 5 seconds. Repeat 20 times (2x10)

Do 1-2 sessions per day.

Copyright VHI 1990

DANMAR ASSOCIATES

Disability Case Management ♦ Vocational Rehabilitation Services

Swedesford Corporate Center
631-B Swedesford Road
Plymouth, PA 19355
610-993-9941
610-993-9902 fax

JOB ANALYSIS

Company: Vane Line Bunkering

Job Title: Captain/Mate

The following are based upon a 2 week on, 2 week off schedule, working 2 6-hour shifts over a 24-hour period i.e., 6 hours on, 6 hours off, 6 hours on, 6 hours off.

	Occasionally (Up to 33%)	Frequently (34% - 66%)	Continuously (67% - 100%)	Never
LIFT				
0-10 lbs.	X			
11-20 lbs.	X			
21-50 lbs.				X
51-100 lbs.				X
CARRY				
0-10 lbs.	X			
11-20 lbs.	X			
21-50 lbs.				X
51-100 lbs.				X
STAND		X		
WALK	X			
SIT	X			
PUSH	X			
PULL	X			
CLIMB	X			
BEND	X			
KNEEL				X
TWISTING				X
CRAWL				X
REACH		X		
HANDLE		X		
FINGER		X		

Environmental Conditions: Inside (80%) Outside (10%) Temp. Range varies w/weather conditions.

Fumes/Dust: Minimum () Moderate (X) Severe ()

Noise Level: Minimum () Moderate (X) Severe ()

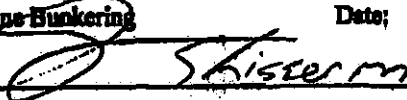
Protective Clothing/Personal Devices: Safety shoes and hearing protection.

Job Analysis Completed By: Danmar Associates
Reviewed By: Vane Line Bunkering

Date: 11/7/05

Date: 11/8/05

APPROVED/Signature of Physician



Date: 5/7/10

DISAPPROVED/Signature of Physician

Date:

Company: Vane Brothers

Job Title: Captain/Mate

Federal Classification: Medium

Job Function: Commands tugboat to tow barges into and out of oceans, bays, rivers, coastal waters, and harbors.

Essential Functions:

- Supervises and coordinates activities with crew aboard tugboat.
 - Insures safe operation of vessel.
- Communicates with crewmembers and barge captain in preparation of hook up with barge or with ship at sea.
- Signals workers on deck to rig tow-lines to barges.
 - Operates loud-speaker or hand-held radio.
- Communicates with dispatch via radio/phone or computer.
- Determines course and towing speed on basis of specialized knowledge of winds, weather, tides, and currents.
 - Utilizes GPS, charts and tidal current tables.
 - Maintains communication with headquarters.
- Signals passing vessels using whistles, flashing lights, flags, and radios.
- Operates vessel from wheelhouse or elevated wheelhouse.
- Arranges for tugboat to be fueled, restocked with supplies, and/or repaired.
- Inspects tugboat to insure crew safety and compliance with regulatory guidelines and procedures.
- Authorizes procurement of supplies and other outfitting needs.
- Manages overall operation of tugboat.

Specific Vocational Preparation

Level - 8: Classified as skilled work. Person is considered trained for the occupation with between 4 years and 10 years of experience; includes vocational education, apprenticeship, in-plant, on-the-job, and/or essential experience gained on other jobs.

Minimum General Educational Requirements

Reasoning Level 4 (Grades 9-12)
 Mathematics Level 3 (Grades 7-8)
 Language Level 3 (Grades 7-8)

Range of Motion (degrees)

Cervical Spine	
Flexion	20/25
Extension	25/30
Lateral Bending	20/25
Rotation	N/A

Job Analysts/Vane Bros/Captain-Mate/siv

Company: Vane Brothers

Job Title: Captain/Mate

Lumbar Spine

Flexion	75/80
Extension	5/10
Lateral Bending	15/20
Rotation	10/15

Shoulder

Forward Flexion	125/130
Horizontal Flexion	35/40
Abduction	95/100
Adduction	25/30
External Rotation w/Arm Abducted	30/35
Internal Rotation w/Arm Abducted	30/35

Elbow

Flexion	130/135
---------	---------

Forearm

Pronation	25/30
Supination	25/30

Wrist

Extension	55/60
Flexion	60/65
Ulnar Deviation	N/A
Radial Deviation	N/A

Hip

Flexion	88/90
Extension	N/A

Knee

Flexion	65/85
---------	-------

Ankle

Plantar Flexion	5/30
Dorsiflexion	0/15

Obtained from The Committee on Joint Motion, American Academy of Orthopaedic Surgeons.

Patient History - Detail

ORTHOPAEDIC SPORTS MEDICINE AND REHABILITATION

By Date of Service
Date ranges: 06/01/2008 to 12/14/2010

All Providers

Show last billed date

All Items

Chart #:		9959		Home Phone:		(732) 615-9248								
Patient Name:		HICKS, CIRO		Office Phone:		(410) 631-5096								
Address:		5 CHANOWICH CT		Resp. Party:		HICKS, CIRO								
City, State, Zip:		MIDDLETOWN, NJ 07748		Resp. Acct#		83165								
U	Code	Source	I	B	Service Date	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
	99253		Y	Y	10/28/2010	SPL	364824	\$300.00	\$0.00	\$0.00	\$300.00	\$300.00 MHEA	11/17/2010	83165
	99070		N	N	6/28/2010	BPM	312305	\$90.00	\$90.00	\$0.00	\$0.00	\$0.00		83165
	PP	P	N	N	6/28/2010	BPM	1257		(\$90.00)					
	99214		Y	Y	6/8/2010	SPL	299976	\$175.00	\$0.00	\$0.00	\$175.00	\$175.00 VLBI	06/18/2010	83165
	99214		Y	Y	5/7/2010	SPL	292593	\$175.00	\$175.00	\$0.00	\$0.00	\$0.00 VLBI	05/12/2010	83165
	PI	I	Y	Y	6/16/2010	SPL	80973		(\$175.00)					
	99214		Y	Y	4/26/2010	SPL	285327	\$175.00	\$175.00	\$0.00	\$0.00	\$0.00 VLBI	04/29/2010	83165
	PI	I	Y	Y	5/20/2010	SPL	80450		(\$175.00)					
	99214		Y	Y	3/8/2010	SPL	266440	\$175.00	\$175.00	\$0.00	\$0.00	\$0.00 VLBI	03/19/2010	83165
	PI	I	Y	Y	4/21/2010	SPL	79871		(\$157.50)					
	WOINS	I	Y	Y	4/21/2010	SPL			(\$17.50)					
	99213		Y	Y	1/15/2010	SPL	236902	\$120.00	\$120.00	\$0.00	\$0.00	\$0.00 VLBI	01/15/2010	83165
	PI	I	Y	Y	2/24/2010	SPL	78543		(\$112.71)					
	WOINS	I	Y	Y	2/24/2010	SPL			(\$7.29)					
	97110		Y	Y	12/15/2009	108	237264	\$120.00	\$120.00	\$0.00	\$0.00	\$0.00 VLBI	12/30/2009	83165
	PI	I	Y	Y	2/18/2010	108	78486		(\$120.00)					
	97140		Y	Y	12/15/2009	108	237264	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00 VLBI	12/30/2009	83165

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Patient History - Detail

ORTHOPAEDIC SPORTS MEDICINE AND REHABIL

By Date of Service
Date ranges 06/01/2008 to 12/14/2010

All Providers

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All Items

Chart #:		9959		Home Phone:		(732) 615-9248								
Patient Name:		HICKS,CIRO		Office Phone:		(410) 631-5096								
Address:		5 CHANOWICH CT		Resp. Party:		HICKS,CIRO								
City, State, Zip:		MIDDLETOWN, NJ 07748		Resp. Acct#:		83165								
U	Code	Source	I	B	Service Date	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
PI	I	I	Y	Y	2/18/2010	108	78486		(\$45.00)					
97010			Y	Y	12/15/2009	108	237264	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00 VLBI	12/30/2009	83165
PI	I	I	Y	Y	2/18/2010	108	78486		(\$20.00)					
97014			Y	Y	12/15/2009	108	237264	\$40.00	\$40.00	\$0.00	\$0.00	\$0.00 VLBI	12/30/2009	83165
PI	I	I	Y	Y	2/18/2010	108	78486		(\$40.00)					
97110			Y	Y	12/10/2009	105	235054	\$180.00	\$180.00	\$0.00	\$0.00	\$0.00 VLBI	12/16/2009	83165
PI	I	I	Y	Y	2/18/2010	105	78486		(\$180.00)					
97140			Y	Y	12/10/2009	105	235054	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00 VLBI	12/16/2009	83165
PI	I	I	Y	Y	2/18/2010	105	78486		(\$45.00)					
97010			Y	Y	12/10/2009	105	235054	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00 VLBI	12/16/2009	83165
PI	I	I	Y	Y	2/18/2010	105	78486		(\$20.00)					
99214			Y	Y	12/9/2009	SPL	225978	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00 VLBI	12/14/2009	83165
PI	I	I	Y	Y	2/18/2010	SPL	78486		(\$130.00)					
97110			Y	Y	12/8/2009	102	235052	\$120.00	\$120.00	\$0.00	\$0.00	\$0.00 VLBI	12/14/2009	83165
PI	I	I	Y	Y	2/18/2010	102	78486		(\$120.00)					
97112			Y	Y	12/8/2009	102	235052	\$48.00	\$48.00	\$0.00	\$0.00	\$0.00 VLBI	12/14/2009	83165
PI	I	I	Y	Y	2/18/2010	102	78486		(\$48.00)					

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Patient History - Detail

ORTHOPAEDIC SPORTS MEDICINE AND REHABILITATION

By Date of Service
Date ranges 06/01/2008 to 12/14/2010

All Providers

Show last billed date

All Items

Chart #:		9959			Home Phone:		(732) 615-9248							
Patient Name:		HICKS,CIRO			Office Phone:		(410) 631-5096							
Address:		5 CHANOWICH CT			Resp. Party:		HICKS,CIRO							
City, State, Zip:		MIDDLETOWN, NJ 07748			Resp. Acct#		83165							
U	Code	Source	I	B	Service Date	Prov	Visit# / Check#	Charge Amount	Paid / Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
	97140		Y	Y	12/8/2009	102	235052	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00 VLBI	12/14/2009	83165
	PI	I	Y	Y	2/18/2010	102	78486		(\$45.00)					
	97010		Y	Y	12/8/2009	102	235052	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00 VLBI	12/14/2009	83165
	PI	I	Y	Y	2/18/2010	102	78486		(\$20.00)					
	97014		Y	Y	12/8/2009	102	235052	\$40.00	\$40.00	\$0.00	\$0.00	\$0.00 VLBI	12/14/2009	83165
	PI	I	Y	Y	2/18/2010	102	78486		(\$40.00)					
	97001		Y	Y	12/3/2009	105	234533	\$120.00	\$120.00	\$0.00	\$0.00	\$0.00 VLBI	03/17/2010	83165
	PI	I	Y	Y	3/23/2010	105	79230		(\$120.00)					
	97110		Y	Y	12/3/2009	105	234533	\$60.00	\$60.00	\$0.00	\$0.00	\$0.00 VLBI	03/17/2010	83165
	PI	I	Y	Y	3/23/2010	105	79230		(\$60.00)					
	99214		Y	Y	11/7/2009	SPL	223905	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00 VLBI	11/09/2009	83165
	PI	I	Y	Y	2/18/2010	SPL	78486		(\$130.00)					
	97110		Y	Y	9/24/2009	402	208434	\$120.00	\$120.00	\$0.00	\$0.00	\$0.00 VLBI	09/28/2009	83165
	PI	I	Y	Y	11/18/2009	402	76463		(\$90.00)					
	WOJNS	I	Y	Y	11/18/2009	402			(\$30.00)					
	97140		Y	Y	9/24/2009	402	208434	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00 VLBI	09/28/2009	83165
	PI	I	Y	Y	11/18/2009	402	76463		(\$33.75)					

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ORTHOPAEDIC SPORTS MEDICINE AND REHABILITATION

By Date of Service
Date ranges 06/01/2008 to 12/14/2010

All Providers

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All Items

Chart #:		9959		Home Phone:		(732) 615-9248								
Patient Name:		HICKS,CIRO		Office Phone:		(410) 631-5096								
Address:		5 CHANOWICH CT		Resp. Party:		HICKS,CIRO								
City, State, Zip:		MIDDLETOWN, NJ 07748		Resp. Acct#		83165								
U	Code	Source	I	B	Service Date	Prov	Visit# / Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
	WOINS	I	Y	Y	11/18/2009	402			(\$11.25)					
	97010		Y	Y	9/24/2009	402	208434	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00 VLBI	09/28/2009	83165
	PI	I	Y	Y	11/18/2009	402	76463		(\$15.00)					
	WOINS	I	Y	Y	11/18/2009	402			(\$5.00)					
	97110		Y	Y	9/22/2009	402	207992	\$120.00	\$120.00	\$0.00	\$0.00	\$0.00 VLBI	09/25/2009	83165
	PI	I	Y	Y	10/21/2009	402	75927		(\$90.00)					
	WOINS	I	Y	Y	10/21/2009	402			(\$30.00)					
	97140		Y	Y	9/22/2009	402	207992	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00 VLBI	09/25/2009	83165
	PI	I	Y	Y	10/21/2009	402	75927		(\$28.75)					
	WOINS	I	Y	Y	10/21/2009	402			(\$16.25)					
	97010		Y	Y	9/22/2009	402	207992	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00 VLBI	09/25/2009	83165
	PI	I	Y	Y	10/21/2009	402	75927		(\$20.00)					
	97014		Y	Y	9/22/2009	402	207992	\$40.00	\$40.00	\$0.00	\$0.00	\$0.00 VLBI	09/25/2009	83165
	PI	I	Y	Y	10/21/2009	402	75927		(\$30.00)					
	WOINS	I	Y	Y	10/21/2009	402			(\$10.00)					
	97001		Y	Y	9/17/2009	202	205713	\$120.00	\$120.00	\$0.00	\$0.00	\$0.00 VLBI	09/18/2009	83165
	PI	I	Y	Y	10/21/2009	202	75927		(\$95.00)					

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ORTHOPAEDIC SPORTS MEDICINE AND REHABILITATION

By Date of Service
Date ranges 06/01/2008 to 12/14/2010

All Providers

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All Items

Chart #:		9959		Home Phone:		(732) 615-9248								
Patient Name:		HICKS,CIRO		Office Phone:		(410) 631-5096								
Address:		5 CHANOWICH CT		Resp. Party:		HICKS,CIRO								
City, State, Zip:		MIDDLETOWN, NJ 07748		Resp. Acct#		83165								
U	Code	Source	I	B	Service	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
	WOINS	I	Y	Y	10/21/2009	202			(\$25.00)					
	97010		Y	Y	9/17/2009	202	205713	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00 VLBI	09/18/2009	83165
	PI	I	Y	Y	10/21/2009	202	75927		(\$7.50)					
	WOINS	I	Y	Y	10/21/2009	202			(\$12.50)					
	97014		Y	Y	9/17/2009	202	205713	\$40.00	\$40.00	\$0.00	\$0.00	\$0.00 VLBI	09/18/2009	83165
	PI	I	Y	Y	10/21/2009	202	75927		(\$30.00)					
	WOINS	I	Y	Y	10/21/2009	202			(\$10.00)					
	97530		Y	Y	9/17/2009	202	205713	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00 VLBI	09/18/2009	83165
	PI	I	Y	Y	10/21/2009	202	75927		(\$40.00)					
	WOINS	I	Y	Y	10/21/2009	202			(\$10.00)					
	99024		N	N	8/18/2009	SPL	195293	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		83165
	99213		N	N	8/10/2009	BPM	192506	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00		83165
	PP	P	N	N	8/10/2009	BPM	138		(\$100.00)					
	72100		N	N	8/10/2009	BPM	192506	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00		83165
	PP	P	N	N	8/10/2009	BPM	138		(\$100.00)					
	99024		N	N	7/28/2009	SPL	180000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		83165
	99214		Y	Y	7/6/2009	SPL	179051	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00 VLBI	07/06/2009	83165

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ORTHOPAEDIC SPORTS MEDICINE AND REHABILITATION

By Date of Service
Date ranges 06/01/2008 to 12/14/2010

All Providers

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All Items

Chart #:		9959		Home Phone:		(732) 615-9248								
Patient Name:		HICKS,CIRO		Office Phone:		(410) 631-5096								
Address:		5 CHANOWICH CT		Resp. Party:		HICKS,CIRO								
City, State, Zip:		MIDDLETOWN, NJ 07748		Resp. Acct#		83165								
U	Code	Source	I	B	Service	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
	PI	I	Y	Y	8/27/2009	SPL	74810		(\$97.50)					
	WOINS	I	Y	Y	8/27/2009	SPL			(\$32.50)					
	29827		Y	Y	7/1/2009	SPL	172025	\$10,700.00	\$10,700.00	\$0.00	\$0.00	\$0.00 VLBI	07/29/2009	83165
	PI	I	Y	Y	10/21/2009	SPL	75927		(\$5,000.00)					
	WOINS	I	Y	Y	10/21/2009	SPL			(\$5,700.00)					
	29828		Y	Y	7/1/2009	SPL	172025	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00 VLBI	07/29/2009	83165
	PI	I	Y	Y	10/21/2009	SPL	75927		(\$5,000.00)					
	WOINS	I	Y	Y	10/21/2009	SPL			(\$5,000.00)					
	29826		Y	Y	7/1/2009	SPL	172025	\$9,000.00	\$9,000.00	\$0.00	\$0.00	\$0.00 VLBI	07/29/2009	83165
	PI	I	Y	Y	10/21/2009	SPL	75927		(\$5,000.00)					
	WOINS	I	Y	Y	10/21/2009	SPL			(\$4,000.00)					
	29823		Y	Y	7/1/2009	SPL	172025	\$8,000.00	\$8,000.00	\$0.00	\$0.00	\$0.00 VLBI	07/29/2009	83165
	PI	I	Y	Y	10/21/2009	SPL	75927		(\$2,275.00)					
	WOINS	I	Y	Y	10/21/2009	SPL			(\$5,725.00)					
	29827		Y	Y	7/1/2009	KAC	188698	\$10,700.00	\$10,700.00	\$0.00	\$0.00	\$0.00 VLBI	10/28/2009	83165
	PI	I	Y	Y	11/18/2009	KAC	76463		(\$1,555.00)					
	WOINS	I	Y	Y	11/18/2009	KAC			(\$9,145.00)					

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ORTHOPAEDIC SPORTS MEDICINE AND REHABIL

By Date of Service
All Providers
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Show last billed date

Chart #:		9959		Home Phone:		(732) 615-9248								
Patient Name:		HICKS,CIRO		Office Phone:		(410) 631-5096								
Address:		5 CHANOWICH CT		Resp. Party:		HICKS,CIRO								
City, State, Zip:		MIDDLETOWN, NJ 07748		Resp. Acct#		83165								
U	Code	Source	I	B	Service Date	Prov	Visit# / Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
	29828		Y	Y	7/1/2009	KAC	188698	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00 VLBI	10/28/2009	83165
	PI	I	Y	Y	11/18/2009	KAC	76463		(\$1,000.00)					
	WOINS	I	Y	Y	11/18/2009	KAC			(\$9,000.00)					
	29826		Y	Y	7/1/2009	KAC	188698	\$9,000.00	\$9,000.00	\$0.00	\$0.00	\$0.00 VLBI	10/28/2009	83165
	PI	I	Y	Y	11/18/2009	KAC	76463		(\$450.00)					
	WOINS	I	Y	Y	11/18/2009	KAC			(\$8,550.00)					
	29823		Y	Y	7/1/2009	KAC	188698	\$8,000.00	\$8,000.00	\$0.00	\$0.00	\$0.00 VLBI	10/28/2009	83165
	PI	I	Y	Y	11/18/2009	KAC	76463		(\$450.00)					
	WOINS	I	Y	Y	11/18/2009	KAC			(\$7,550.00)					
	99214		Y	Y	6/10/2009	SPL	164153	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00 VLBI	06/11/2009	83165
	PI	I	Y	Y	6/25/2009	SPL	73603		(\$130.00)					
	99214		Y	Y	5/18/2009	SPL	160801	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00 VLBI	05/18/2009	83165
	PI	I	Y	Y	6/4/2009	SPL	73068		(\$130.00)					
	99203		Y	Y	4/23/2009	BPM	153985	\$190.00	\$190.00	\$0.00	\$0.00	\$0.00 VLBI	04/24/2009	83165
	PI	I	Y	Y	6/25/2009	BPM	73603		(\$112.00)					
	WOINS	I	Y	Y	6/25/2009	BPM			(\$78.00)					
	20610		Y	Y	4/23/2009	BPM	153985	\$195.00	\$195.00	\$0.00	\$0.00	\$0.00 VLBI	04/24/2009	83165

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ORTHOPAEDIC SPORTS MEDICINE AND REHABIL

By Date of Service

Date ranges 06/01/2008 to 12/14/2010

All Providers

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All Items

Chart #:		9959		Home Phone:		(732) 615-9248								
Patient Name:		HICKS,CIRO		Office Phone:		(410) 631-5096								
Address:		5 CHANOWICH CT		Resp. Party:		HICKS,CIRO								
City, State, Zip:		MIDDLETOWN, NJ 07748		Resp. Acct#		83165								
U	Code	Source	I	B	Service Date	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
PI	I	Y	Y	Y	6/25/2009	BPM	73603		(\$173.00)					
WOINS	I	Y	Y	Y	6/25/2009	BPM			(\$22.00)					
J2001		Y	Y	Y	4/23/2009	BPM	153985	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00 VLBI	04/24/2009	83165
PI	I	Y	Y	Y	6/25/2009	BPM	73603		(\$20.00)					
J1030		Y	Y	Y	4/23/2009	BPM	153985	\$10.00	\$10.00	\$0.00	\$0.00	\$0.00 VLBI	04/24/2009	83165
PI	I	Y	Y	Y	6/25/2009	BPM	73603		(\$10.00)					
73030		Y	Y	Y	4/23/2009	BPM	153985	\$85.00	\$85.00	\$0.00	\$0.00	\$0.00 VLBI	04/24/2009	83165
PI	I	Y	Y	Y	6/25/2009	BPM	73603		(\$60.00)					
WOINS	I	Y	Y	Y	6/25/2009	BPM			(\$25.00)					
Grand Total:								\$79,523.00	\$79,048.00	\$0.00	\$475.00	\$475.00		

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